



# ***JPRS Report***

# **Epidemiology**

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# Epidemiology

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26 May 1993

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## REGIONAL AFFAIRS

### Regional Epidemiological Reportage

22 Feb - 27 April

AB0305162593

[Editorial Report] The following is a compilation of reports monitored from Abidjan Bureau and EAU coverage area 22 February - 27 April on various disease outbreaks. Source information follows at the end of each item.

#### BURUNDI

The third meeting for the mobilization of resources for the campaign against AIDS and other sexually transmitted diseases opened at the Nile Hotel in Bujumbura on 20 April. The national AIDS and sexually transmitted diseases prevention program puts the current number of HIV-positive cases at 100,000, a figure representing a national proportion of 1.6 percent. The number of AIDS orphans is about 11,000, a figure which will quadruple in five years if the rate of infection remains stable. [Bujumbura Radio-Television Nationale du Burundi Radio in French 1100 GMT 20 Apr 93]

#### CAMEROON

The Far North Province has again been hit by a meningitis epidemic. So far, 209 cases have been reported with 34 deaths. The departments presently affected are: Mayo (Tchanaga), Diamare, Mayo (Kani), and Mayo (Tsava). [Yaounde CRTV Radio Network in French 1900 GMT 22 Feb 93]

On 1 April, a French medical group presented to Health Minister Joseph Mbede a large consignment of drugs worth over 3 million CFA francs for the treatment of meningitis patients in the North and Far North Provinces. As at 22 March, 2,203 cases had been identified. Since the outbreak of the epidemic this year 278 people have died. [Yaounde CRTV Radio Network in French 0530 GMT 2 Apr 93]

#### COTE D'IVOIRE

Professor Andoh, head of the paediatrics unit of the Treichville teaching hospital, Abidjan has disclosed that malaria is the leading cause of consultation and admission of children at the Treichville teaching hospital's pediatric unit. Out of the 6,000 to 7,000 patients received each year, 1,100—20 percent—suffer from malaria. [Abidjan FRATERNITE MATIN in French 17 Mar 93 p 3]

#### GUINEA

Health Minister Madigbe Fofana undertook a working visit to Mandiana and Keroune, where he discussed health issues with the people and officials on 14 and 15 April. At Keroune, out of 339 meningitis cases the epidemic had killed 118 people. However, the disease

control measures applied seem to be taking effect now and the number of cases have reduced considerably. At Mandiana, 67 meningitis cases were recorded with 18 deaths. [Conakry Radiodiffusion Nationale de la Republique de Guinee in French 1945 GMT 19 Apr 93]

#### LIBERIA

According to an Information Ministry release, more than 125 persons have died in Panta, Bong County over the past two months as a result of the outbreak of cholera and measles epidemics. [Gbarnga Radio ELBC in English 1900 GMT 27 Apr 93]

#### NIGERIA

In Katsina State, 24 people are said to have died as a result of an outbreak of cerebro-spinal meningitis in parts of the state. The commissioner for health disclosed that the towns mostly affected were: (?Gangoro), Jibiya, [place name indistinct], (?Kenkera), Musawa, and Matangi. He said that vaccines had been procured for distribution to the affected areas to check the spread of the disease. [Lagos Radio Nigeria Network in English 1500 GMT 14 Mar 93]

#### ZAIRE

An alarm has been raised on the increase in tuberculosis cases in the Zairian capital. Last year, 30,000 cases were recorded in Kinshasa. This figure may be higher and the disease is now said to have assumed epidemic proportions in the country. [Kinshasa Voix du Zaire in French 1800 GMT 22 Apr 93]

5-11 April

MB1104193793

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 5-11 April concerning outbreaks of and reports on various diseases. Items are listed by country and disease. Source follows each item.

#### ANGOLA

Cholera in Luanda—Health Minister Martinho Epalanga is very concerned about the high number of cholera cases in the country's capital. In an interview with Luanda Radio, the minister said that "about 1,000 cases of cholera were registered in Luanda during the first quarter of this year." (Luanda Radio Nacional Network in Portuguese 0600 GMT 5 Apr 93)

#### MOZAMBIQUE

Cholera in Gondola District—Between January and March, 61 people died of cholera in Manica Province's Gondola District. Radio Mozambique's Chimoio correspondent reports that in that period "more than 280 cholera cases were recorded in the area." Moreover, of the 50 people suffering from diarrhea admitted to Gondola District Health Center, seven died in the first two

weeks of March. (Maputo Radio Mozambique Network in Portuguese 1730 GMT 6 Apr 93)

**Diarrhea in Zambezia Province**—A total of 170 people have died of diarrhea with loss of blood in Milange District between January and February this year. Radio Mozambique in Quelimane said this situation has been caused by the shortage of medicines. The source also said that most of the victims come from areas controlled by the Mozambique National Resistance, who are in an advanced stage of malnutrition. (Maputo Radio Mozambique Network in Portuguese 1730 GMT 8 Apr 93)

#### SWAZILAND

**AIDS**—"All 13" AIDS victims reported during the first quarter of this year have died. This is a "100 percent" fatality rate. In a statement today the public relations officer for the Health Ministry, Mr. Mduduzi Hlophe, said five of the victims were under 4. Of the others, six were in the 20-39 bracket and two were 40-49. There were more male victims than females. The Ministry of Health has sternly warned members of the public against taking health education messages lightly. The ministry has also expressed concern that under-reporting continues to be a serious problem. (Mbabane Radio Swaziland Network in English 1600 GMT 6 Apr 93)

**Malaria**—There were as many as 209 malaria cases in Swaziland last month. The head of the Malaria Control Unit, Mr. Simon Kunene, said 108 malaria patients were treated at Good Shepherd Hospital in Siteki. Others were also reported in the Lubombo region. He blamed the upswing on the high temperatures that have been recorded in that region. He said no deaths were reported last month. In January and February malaria fever killed six people in Swaziland. (Mbabane Radio Swaziland Network in English 1600 GMT 8 Apr 93)

#### ZIMBABWE

**AIDS Impact**—Elderly people, particularly in rural areas, are struggling to look after their children with AIDS, or their orphaned grandchildren, the ZIANA news agency reported Monday (5 Apr). In "one area with 4,692 residents, 90 children were orphans mostly cared for by their grandmothers." A Helpage Zimbabwe survey conducted in Hurungwe shows "about 20 percent of mothers in the area visiting antenatal clinics are HIV-positive and 72 percent of adult beds in hospitals are occupied by people with full-blown AIDS. Only one in a hundred prostitutes in the area is free of the HIV virus." (Johannesburg SAPA in English 1349 GMT 5 Apr 93)

#### 19-25 April

MB2604060993

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 19-25 April concerning outbreaks of and reports on various diseases. Items are listed by country and disease. Source follows each item.

#### ANGOLA

**Cholera in Luanda**—It is reported from Luanda that "people suffering from cholera are being turned away from city hospitals because they are already overcrowded with cholera patients." Earlier reports said "at least 500 people had contracted cholera over the past 3 weeks." Hospital officials have declined to respond to reporters' queries. (Johannesburg Channel Africa Radio in English 1100 GMT 22 Apr 93)

**Cholera Spreads in Cuanza Norte**—Cholera has been "spreading alarmingly in Cuanza Norte Province lately." It has already caused "57 deaths in Cambambe District alone," with "538 cases detected" there. People displaced by the war have been the worst affected. (Luanda TPA Television Network in Portuguese 1930 GMT 23 Apr 93)

#### MOZAMBIQUE

**Cholera in Namacurra District**—Three people have died of cholera at Macuse Administrative Post, in Namacurra District, Zambezia Province, since the disease broke out there in early January. During the same period, "more than 150 cases of cholera were diagnosed." (Maputo Radio Mozambique Network in Portuguese 1730 GMT 19 Apr 93)

**Diarrhea in Milange District**—From January to March, "200 children died of diarrhea with traces of blood, worsened by malnutrition," in areas controlled by the Mozambique National Resistance (Renamo) in southern Milange District, Zambezia Province. Radio Mozambique in Quelimane, citing a Milange District Government source, said "95 children coming from Renamo-controlled areas are in intensive care at the Milange Nutrition Center]" (Maputo Radio Network in Portuguese 1730 GMT 19 Apr 93)

**First Quarter Malaria Deaths**—"At least 370 people died of malaria" in the first quarter this year in various hospitals in Mozambique. According to NOTICIAS quoting Dr. Albertino Barreto, in charge of the malaria control program, in the same period, "18,000 cases of malaria were reported in the country, five times higher than last year." Dr. Barreto also said that in the Mozambican capital itself, more than "80,000 cases of malaria were reported in the same period, and the mortality rate stands at 4.5 percent." (Maputo Radio Maputo in English 1100 GMT 23 Apr 93)

#### 26 April - 2 May

MB0305114193

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 26 April - 2 May of and reports on various diseases. Items are listed by country and disease. Source follows each item.

#### MOZAMBIQUE

**Cholera, Diarrhea in Sofala**—Cholera and diarrhea killed 180 people in Sofala Province last year. More than 4,000 cholera and diarrhea cases were identified during the same period. Measles also killed 19 people in Sofala Province. (Maputo Radio Mozambique Network in Portuguese 1030 GMT 28 Apr 93)

**Measles in Zambezia**—A measles epidemic has broken out in Mozambique National Resistance [Renamo]-controlled in Zambezia Province's Alto Molocue District. Renamo had forbidden the local health directorate from vaccinating people. Radio Mozambique's Quelimane correspondent reports that Alto Molocue's nutritional situation has worsened because of that. (Maputo Radio Mozambique Network in Portuguese 0900 GMT 29 Apr 93)

**Diarrhea in Nampula**—The Nampula Central Hospital recorded more than 2,900 cases of diarrhea between 16 February and 13 April. More than 600 patients were admitted and 32 died. Radio Mozambique has learned this from Nampula Central Hospital Director Antonio Mussa. (Maputo Radio Mozambique Network in Portuguese 1730 GMT 30 Apr 93)

**Measles, Cholera, Others in Sofala Province**—Last year Sofala Province recorded 281 cases of measles, including 19 deaths; 4,444 cholera cases, including 186 deaths; 794 cases of tuberculosis, including 26 deaths; seven leprosy cases; and seven tetanus cases in babies. (Maputo Radio Mozambique Network in Portuguese 1030 GMT 30 Apr 93)

#### NAMIBIA

**Malaria**—Namibian health authorities have warned tourists and residents to take precautions against a malaria epidemic which has already killed 27 people this year. Health Ministry Internal Medicine Department Head Professor Ockie Oosthuizen says the country is facing "an epidemic and it seems to be quite a bad strain of malaria which is relatively resistant to existing treatment. Professor Oosthuizen says quinine and chloroquin "on their own are no longer a safe preventative." Areas where a concentration of new infections had occurred included Otjiwarongo, Okahandja, Gobabis, Dordabis and as far south as Mariental, but most reported cases were still from northern Namibia. (Johannesburg SAPA in English 1323 GMT 29 Apr 93)

#### SOUTH AFRICA

**Tuberculosis**—The South African National Tuberculosis Association on Tuesday launched a six-month campaign to spread awareness of the threat of tuberculosis, which is rated the number one killer among infectious diseases in South Africa. One South African dies of TB every 40 minutes and half the adult population has the potential to contract the disease, the SABC [South African Broadcasting Corporation] reported. Expert Dr Theo Collins said the greatest danger was multiple drug resistance which develops when suffers take medication irregularly.

Adequate health care based on a firm health infrastructure and better living conditions for the majority of South Africans were needed. (Johannesburg SAPA in English 1652 GMT 27 Apr 93)

#### ZAMBIA

**Cholera Outbreak Reported North of Lusaka**—The Zambian health authorities have confirmed an outbreak of cholera in the Mpika area to the north of the Zambian capital. They say 24 people have died and another 205 are receiving treatment. Local officials have appealed to the authorities in Lusaka to send medical supplies to the area to help treat patients. They say more people could die if this was not done soon. (Johannesburg Channel Africa Radio in English 1600 GMT 30 Apr 93)

#### ZIMBABWE

**Malaria in Masvingo Province**—Health officials have blamed the government for a recent outbreak of malaria that has killed "at least 30" people in the remote Malipati area of Chiredzi. ZIANA reports that the anti-malarial spraying program run by the Ministry of Health and Child Welfare has helped little in controlling what is said to be the biggest killer in rural Chiredzi. (Johannesburg SAPA in English 1725 GMT 30 Apr 93)

### 3 - 9 May

MB0905195193

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 3 - 9 May concerning outbreaks of and reports on various diseases. Items are listed by country and disease. Source follows each item.

#### ANGOLA

**Cholera**—An average of 120 cholera cases are reported daily to the city of Luanda's Josina Machel Hospital. Last weekend, 14 cholera patients died at that hospital due to deficient medical care. Felix Bernardo, head of the hospital's Cholera Ward, said the deaths were not caused by lack of serum, but by a shortage of other medicines, namely tetracycline and [name indistinct]. The worsening of the cholera situation in the city of Luanda has been caused by a shortage of drinking water and the failure of the health department and the provincial government to keep the city clean. (Luanda Radio Nacional Network in Portuguese 0600 GMT 5 May 93)

#### MOZAMBIQUE

**Malaria Epidemic**—The malaria epidemic could worsen if urgent measures are not taken to curb it. Speaking to NOTICIAS newspaper, Dr. Abertino Barreto, head of the Ministry of Health's Malaria Unit, said provincial hospitals recorded more than 18,000 cases of malaria during the first quarter of 1993. He said between 30 and 40 percent of those cases did not respond to initial treatment. Dr. Barreto said that more than 350 people

have already died of malaria. (Maputo Radio Mozambique Network in Portuguese 0800 GMT 3 May 93)

**Xai-Xai Malaria Figures**—The health center in Xai-xai, the capital of Gaza Province, records "an average of 3,000 malaria cases monthly." Both children and adults are affected. The figures are on the rise because of continuing rains. (Maputo Radio Mozambique Network in Portuguese 1400 GMT 4 May 93)

**Malaria, Diarrhea in Cuamba District**—Reports from Nampula Province say Cuamba District, Niassa Province, has malaria and diarrhea outbreaks. This is a source of concern to the health authorities in Cuamba. Three people died from diarrhea and 50 people were admitted to the local hospital between February and April of this year. (Maputo Radio Mozambique Network in Portuguese 1400 GMT 4 May 93)

**Diarrhea**—The MOZAMBIQUE INFORMATION AGENCY, AIM, reports that 784 cases of diarrheal diseases, including 36 deaths, were registered in Chiuta District, Tete Province, from January to February this year. According to AIM, two people have also died of malaria and malnutrition in the district between January and March this year. (Maputo Radio Mozambique Network in Portuguese 1730 GMT 6 May 93)

#### 10 - 16 May

MB1605212193

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 10 - 16 May concerning outbreaks of and reports on various diseases. Items are listed by country and disease. Source follows each item.

#### MOZAMBIQUE

**Dysentery in Inhambane and Niassa Provinces**—At least one person has died from dysentery in Govuro District, Inhambane Province, and reports say the disease is spreading at a frightening pace. In Niassa Province's Mueembe District, the disease claimed the lives of an average of four children per day between January and April 1993. Our correspondent reports that the situation is under control. (Maputo Radio Mozambique Network in Portuguese 0400 GMT 13 May 93)

**Diarrhea in Niassa Province**—Diarrhea has been killing an average of four children in Mueembe District every day between January and April of this year. The epidemic has been principally caused by a lack of hygiene. (Maputo Radio Mozambique in Portuguese 1100 GMT 15 May 93)

**AIDS in Cabo Delgado Province**—At least 14 people have already died of AIDS in Cabo Delgado Province. The province does not possess the resources to determine the exact number of victims. From 1986 to March this year the province registered 20,000 cases of AIDS. (Maputo Radio Mozambique Network in Portuguese 1730 GMT 14 May 93)

#### SOUTH AFRICA

**Tuberculosis**—A leading world expert in tuberculosis, Prof Stefan Gryzbowski, has predicted disaster should the disease be left unchecked in South Africa. Speaking at the Medical Research Council in Cape Town, he said the threat was especially high on the Cape Flats where the incidence was increasing at an alarming rate. He warned that an increase in HIV infection would dramatically reduce resistance to tuberculosis. However, South Africa was more fortunate than most African countries because efficient and affordable drugs were available. To overcome the problem of patients not complying with the full course of treatment, Prof Gryzbowski suggested offering incentives such as refunds on transport costs or even prizes for patients who finished the prescribed course of drugs. (Johannesburg SAPA English 2232 GMT 13 May 93)

#### ZIMBABWE

**AIDS**—More than 2,700 new cases of full-blown AIDS were reported in Zimbabwe in the first three months of 1993, bringing the total recorded cases to over 60,000, a senior health official said. (Johannesburg SAPA in English 1159 GMT 11 May 93)

#### BOTSWANA

##### Malaria Cases Increase Reported in North

93WE0371A Gaborone BOTSWANA DAILY NEWS in English 8 Mar 93 p 1

[Excerpt] Malaria cases in the northern parts of the country have increased during the rainy season.

A press release from the Ministry of Health says the number of cases above the expected average have been seen and attended to at Nata and Gweta.

The release says a high case load is also being realised at the health facilities in Kasane, Maun and some areas of Francistown.

It says health workers at these areas are on the alert and currently the situation is under control as adequate medical and other supplies are in place.

The public in the northern parts of the country are encouraged to seek medical advice promptly when they develop signs and symptoms suggestive of malaria which may include fever and chills, headaches, joint pains particularly backache, nausea, vomiting and even diarrhoea, sweating and sometimes mental confusion.

This, if done, will help prevent severe illness and possible deaths, the release says.

It adds that particular attention should also be paid to preventive measures such as personal protection measures like the use of bed nets, aerosols and other repellents; killing adult mosquitoes and destruction of breeding sites; cooperation with the mosquito spraying



teams now in some areas by giving them access to houses and malaria prophylactics for visitors by advice of health workers.

Meanwhile, Morake Molefe reports from Kasane that at least four people have died of malaria at the Kasane Primary Hospital since the outbreak of malaria in Chobe District.

The North West District Assistant Council Secretary, Mr. Simon Bojosi, said in a kgotla meeting which was called by the District Health Team (DHT) in February that the hospital had 57 patients hospitalised and out of them only 54 patients were treated and discharged while four of them died. [passage omitted]

## CAMEROON

### Meningitis in North Causes Concern

93WE0365A Yaounde CAMEROON TRIBUNE  
in French 2 Apr 93 p 2

[Article by Anyee Anyee: "Nord and Extreme-Nord: Meningitis Still Rampant; A Drug Shipment at the Health Ministry"—first paragraph is CAMEROON TRIBUNE introduction]

[Excerpts] In the past 2 years, there has been an outburst of meningitis in the Nord and Extreme-Nord provinces. This is due to ecological conditions in these areas, which promote the proliferation and dissemination of the meningitis germ. Vaccination provides reliable protection. With the assistance of domestic and foreign donors, the Ministry of Health organized vaccination campaigns. These resulted in an abatement of the disease. In the Extreme-Nord province, there are now only 1,374 cases, and 829 in the Nord province. Last December, there were 7,865 cases in the Extreme-Nord and 269 in the Nord. [passage omitted]

Although about to be checked, the meningitis epidemic that is affecting northern Cameroon is still a cause for concern. About 10 days ago, 2,203 cases were reported and 278 deaths recorded. The high number of deaths recorded emphasizes the importance of the curative aspect of the efforts made to control the epidemic.

If the health minister, Mr. Joseph Mbende, allowed himself to mention the epidemiological situation, it was to stress the importance of treating reported meningitis cases. This makes it possible to appreciate the true worth of the drugs offered by the SAGA [expansion not given] group to the victims of the disease.

The gift, worth 3,035,000 CFA [African Financial Community] francs, consists of 1,000 one-gram vials of chloramphenicol powder (Tifomycine) and 20,000 five-million-unit vials of G penicillin. [passage omitted]

## GHANA

### Meningitis Cases Continue in Upper East

93WE0375A Accra PEOPLE'S DAILY GRAPHIC  
in English 25 Feb 93 p 1

[Article by Abdul Aziz, Bolgatanga: "CSM Claims 8 Lives in U. East"]

[Text] Cerebro Spinal Meningitis (CSM), has claimed eight lives in the Upper East Region since sporadic cases of the disease were reported at the beginning of this year.

Unlike in January 1992, when there were only four reported cases of the deadly disease at the Bolgatanga Central Hospital, 11 reported cases were recorded in January and seven so far this month.

Dr. Kwame Adogboba, Regional Director of Health Services, said the high number of reported cases since January "is causing much worry to the health authority since CSM breaks out in every 10 years cycle".

He said the Ministry of Health in the region has already dispatched medical guidelines on the disease to all the health institutions in the region to alert them on the disease and its management.

Dr. Adogboba said requests have been made to Accra to procure more vaccines to suppress any form of epidemic.

He said unlike other vaccines for the six killer diseases which are supplied with the assistance of the United Nations, vaccines for meningitis are solely bought by the Ghana Government.

The CSM vaccines, Dr. Adogboba said, have a short life span of 3 years thus obliging vaccinated individuals to repeat the vaccination every 3 years, making the vaccination a more costly exercise.

## KENYA

### 17 Children Die of Measles in Siaya District

93WE0372B Nairobi THE KENYA TIMES in English  
18 Mar 93 p 2

[Text] Seventeen children have died from a measles outbreak in Bondo Division, Siaya District since the beginning of this month the Siaya District Public Health Officer, Mr. Andrew Kang'ethe has said.

Mr. Kang'ethe, who was talking to the press after the launching of mosquito eradication campaign in Siaya town yesterday, said the most affected areas were in beach villages in Central Sakwa location of Bondo.

He said a medical team has been dispatched to the area to investigate the cause of the outbreak to take action.

Mr. Kang'ethe said 102 people out of the 248,328 malaria cases reported last year in the district died. He asked the local people to support the cleanliness campaign against the mosquito.

The health officer asked wananchi to introduce fish in their water ponds so that the mosquito larvae were eaten by the fish.

### Armyworms Outbreak Affecting Kisii District

#### Government Sends Pesticides

93WE0376B Nairobi THE KENYA TIMES in English  
12 Mar 93 p 7

[Article by John Mokera and George Munji]

[Text] The Government has sent pesticides and spray equipment to combat the outbreak of armyworms in Kisii District.

Yesterday, the Nyanza Provincial Director of Agriculture, Mr Willy Ndiru, met a team of officers from the Ministry of Agriculture, Livestock Development and Marketing and led them to the worst-hit areas of Tomorenda in Suneka Division.

The official said the invasion had not reached alarming proportions and re-assured farmers that the Government would use all means to control the menace.

Mr Ndiru, who was accompanied by outgoing Kisii District Agricultural Officer, Mr George Owuor, and the district crop officer, Mr Henry Sure, estimated that 30 acres had been infested with the armyworms.

He said the provided chemical was enough to serve about 80 acres. He said a small section around Menyingwa of Keumbu Division, Nyaribari Chache, bordering Suneka Division had also been affected.

Mr Ndiru cautioned the farmers on the risks of letting their animals stray to the sprayed grounds.

Mr Ndiru later issued a statement defending Mr Sure from press reports which had been attributed to him. The report in the STANDARD on Wednesday claimed Mr Sure had said the farmers should not expect Government assistance to combat the outbreak because it had not enough funds.

He said the situation is now under control.

Meanwhile, the southern parts of the country are threatened with an invasion of armyworms from northern Tanzania, the Desert Locust Control Organisation for East Africa said yesterday.

An official of the Desert Locust Control Organisation, Mr Peter Odiyo, said the invasion may happen by the end of this week.

At the same time, the organisation reported that there is a build-up of populations of desert locusts in the coastal

plains of East Africa, Yemen and southwestern Saudi Arabia. But he said while the locusts have covered a large area of Sudan which received rains recently, Kenya, Tanzania and Uganda are free of locusts.

Teshale Abebe, the officer in charge of the organisation, said the present situation along the Red Sea coastal areas of Sudan and Eritrea is extremely worrying.

### Invasion Continues

93WE0372C Nairobi THE KENYA TIMES in English  
17 Mar 93 p 3

[Text] Armyworms invasion in Kisii District is still a threat as farmers complain over inadequate pesticide and spray pumps.

The District Agricultural Officer, Mr. Charles Kawimi, confirmed the worms had spread to Kehumbu, Sameta and Nyamarambi divisions.

But Kawimi assured farmers the Government would send in 300 litres more of the pesticide to combat the pest who are destroying maize and other cereals.

He said the Ministry had distributed 15 spray pumps to the affected areas in Suneka Division and the other affected areas.

Some farmers from the seriously affected areas of Bomorenda complained of unfair distribution of the pesticide and the selective services by agricultural officers.

One of the farmers, Mr. Livingstone Omboke, criticised the officers for being slow in controlling the worms.

He said the worms had already caused extensive damage to crops and appealed for quick action to stop the pests spread.

Last week, the Government sent 70 litres of chemicals to be used on an estimated 30 acres of farmland around Bomorenda where the invasion had been reported.

## LIBERIA

### ULIMO, Measles Reportedly Killing Refugees

AB0105174193 Gbarnga Radio ELBC in English  
1900 GMT 30 Apr 93

[Text] Hundreds of men and boys who recently crossed into Macenta in Guinea have been slaughtered by bandits of ULIMO [United Liberation Movement for Democracy in Liberia]. An Information Ministry release said men and boys who escaped the scene of recent brutal killings from Voinjama, Lofa County, and its surroundings were butchered in Macenta with [word indistinct] knives and cutlasses and later buried in mass graves. Lofa citizens who fled the brutal scene into Greater Liberia say prominent amongst those whose heads were cut off from their shoulders were the former

director of the French Institute in Monrovia, Mr. Fokpa Gaisie, and the development administrator for Lofa County, Mr. William Basil.

Meanwhile, an outbreak of measles has claimed the lives of several Liberian refugees in Macenta. Refugees escaping from Guinea say Liberians are dying on a daily basis because they are being denied drugs and food.

## MAURITIUS

### Viral Hepatitis Cases Reach 335 in 1993

93WE0366A Port Louis LE MAURICIEN in French  
22 Mar 93 p 4

[Article by Vijay Shankar: "Viral Hepatitis: 335 Cases Reported From the Beginning of January to 17 March"—first paragraph is LE MAURICIEN introduction]

[Text] The viral hepatitis epidemic, which affected 335 children and adults from the beginning of January to 17 March, is taking on alarming proportions, judging by the increasing number of hospitalizations and the constant spread of the disease in hospitals. Besides, figures speak for themselves: at the Victoria Hospital, for instance, 146 cases were recorded during the first week of March. At the Doctor-Jeetoo Hospital in Port Louis, 157 cases were treated.

According to the latest figures compiled by the Ministry of Health, the number of hepatitis cases is increasing. About 50 cases are reported every day at the Victoria and Jeetoo hospitals. The most vulnerable regions are La Cure City and Curepipe.

Most of the children hospitalized are four to 18 months of age, and several are currently hospitalized in a ward designed to receive 30 patients under normal conditions.

The medical staff of the hospitals is on alert, and it was noted that patients go back home after being treated for a few days.

Viral hepatitis is an infectious disease that may elude diagnosis for a long time because it may take on many forms. There is no specific treatment for viral hepatitis. Complete rest and a strict diet are imposed in every case. Elementary hygiene precautions are a must at all times. For instance, it is advisable to boil water and not to eat food prepared under questionable conditions. Physicians advise patients to take some vitamin B and glucose, and to observe complete rest.

## NIGERIA

### Lassa Fever Outbreak Reported in Plateau

93WE0387A Lagos THE GUARDIAN in English  
4 Feb 93 p 13

[Article by Onajomo Orere, assistant news editor]

[Text] Two doctors and three nurses are among the nine persons killed between December and last month in the first wave of lassa fever that hit Plateau State, according to Federal health investigators despatched from Ibadan and Lagos.

In a detailed report submitted on Tuesday, to the Federal Ministry of Health and Social Services (FMHSS) by Prof. Oyewole Tomori, consultant virologist at the University College Hospital, Ibadan and Dr. Abdulsalami Nasidi, chief consultant epidemiologist at FMHSS, the unlucky nine were among the 12 struck by the highly contagious disease.

Lassa fever, first diagnosed in lassa village in Borno State in 1968, is a fatal disease that usually wipes off a whole family because of its nature.

With an incubation period of between 10 to 21 days, the disease, spread by the bush rodent when it urinates on exposed foodstuff, causes excruciating pains, suffering, profuse vomiting, high fever that is not controllable with simple analgesics and conjunctivitis (appollo), exposes other family members and health workers who wait on or treat the sick.

According to Tomori and Nasidi, the present case was first reported about December 1 in Angren in Plateau's Akwanga Council and has spread to Lafia and other councils.

By January 31, the investigators had reviewed 400 cases in 10 hospitals in the area, pin-pointing the index case (the first victim) to be a 55-year-old woman in Angren, who died on December 19.

Before her death, she had spread it to her granddaughter who died on December 29, son-in-law and three other granddaughters, who died at different times.

The second family from which three persons died were from the first nurse who treated the granddaughter of the index case. The male nurse gave the disease to his wife and elder brother.

One of the doctors treated the two nurses at his private hospital while the other doctor who died on January 26 at the Jos University Teaching Hospital (JUTH) also contracted the virus through patient interaction.

The investigators who have taken blood samples of 200 relatives and friends for further analysis in UCH and the Federal Epidemiological Centre, Lagos, and samples from 16 rats/rodents trapped in the homes of the victims and their contacts, hope to unravel the mode of spread.

They recommended to government that:

—medical personnel should be on the alert as the disease is known to spread discreetly as it happened in Edo State in January 1990 where it killed a couple, their medical doctor son, another son staying in America who came home to bury the parents, sisters, nieces and other members of the index parents.



At a stage, relations were afraid to go to funerals of stricken relations for fear of catching the "devil disease" at such funerals. The disease later spread to present Imo State where it killed four medical doctors, many nurses and others around Mbaise area;

- education of doctors and other health workers to observe acceptable medical standards in patient management;
- provision of materials and equipment to health workers in centres required for nursing and prevention of spread of the fever and other dangerous diseases;
- the practice of one needle-one-syringe per person should be strictly enforced at all times;
- stoppage of self medication by health workers;
- proper storage of foodstuff to reduce or eliminate man-rodent contact;
- bush burning and rat hunting should be discontinued;
- health education on mode of transmission be intensified for public awareness;
- a national centre for laboratory processing of highly hazardous viruses and rodents should be set up;
- state disease investigation teams should be set up and equipped to respond rapidly to requests for disease investigations;
- government should make the drug for treating lassa fever available in the country; and
- health workers who die in the line of duty or fall sick from exposure to dangerous diseases should be compensated.

## ZAMBIA

### Cholera Continues To Take Lives

#### 35 Deaths in Eastern Province

93WE0384A Lusaka *TIMES OF ZAMBIA* in English  
4 Feb 93 p 7

[Article: "Cholera Kills 35 in East"]

[Text] Cholera which broke out in Msoro area of the Eastern province 2 weeks ago has now spread to Nyimba, Petauke, Katete and Chipata district.

Eastern province acting permanent secretary Mr. Alexander Mulenga said in an interview yesterday that so far, 35 people have died of the killer-disease in the province.

As of yesterday, 328 cases of cholera had been reported and admitted at various treatment centres set-up by the Ministry of Health in the affected districts.

Of these, he added 35 died, 90 were still in treatment centres while 203 were discharged.

Giving the breakdown district by district, Mr. Mulenga said 70 cases of cholera had been reported and admitted at various treatment centres in Chipata district with three deaths. In Katete, 14 people have so far died of the disease out of the 96 cases reported and admitted at various cholera treatment centres.

In Petauke, nine people have died so far out of the 32 reported cases. Nyimba has recorded nine cholera deaths out of 128 cases reported.

The acting permanent secretary said his office and that of the provincial medical officer were working hand in hand to combat the disease and added that they have chlorinated water wells in villages as a measure to combat the disease. He also disclosed that the Ministry of Health had sent a consignment of drugs to the province to combat the disease.—Zana

#### Deaths in Eastern Province Climb to 74

93WE0377A Lusaka *TIMES OF ZAMBIA* in English  
26 Feb 93 p 2

[Text] A total of 74 people have died of cholera in the Eastern Province since the disease broke out 2 months ago.

The latest cholera return sheet compiled by the Ministry of Health yesterday and released by the office of the permanent secretary indicates that 20 people have died in Chipata district, 24 in Petauke, 22 in Nyimba and eight in Katete districts.

And commenting on the situation, the province's acting deputy permanent secretary Mr Steven Mwape said the Ministry of Health in conjunction with other relevant organs was doing everything possible to contain the situation.—ZANA.

#### Toll Rises in Eastern Province

93WE0374F Lusaka *TIMES OF ZAMBIA* in English  
12 Mar 93 p 2

[Text] The cholera death toll in Chipata district has risen from 20 a week ago to 31, district medical officer Dr. Edna Njunga confirmed yesterday.

In her report to the district cholera surveillance committee meeting Dr. Njunga said the disease had increased tremendously and called for concerted efforts to combat it.

She explained that by Wednesday, 31 people had died since the outbreak of the epidemic 2 months ago. The figure excludes those who died in villages without being reported to health authorities.

Dr. Njunga told the meeting chaired by the town clerk Mr. Coillard Chibbonta that 105 cholera cases had been

reported and admitted at various treatment centres of which 965 had since been discharged.

And Government has allocated another K10m to the Eastern Province for cholera control programme.

Ministry of Health officials in Chipata, confirmed receiving the money which they said will be used to pay staff subsistence allowances, buy fuel and for other logistics.

Chipata district cholera surveillance committee has however, said it was not happy with the manner the office of the provincial medical officer disbursed the money.

The committee which last month received K500,000 out of the K5m allocated to the province said the money was inadequate considering the size and population of the district.

In Mpulungu, seven people have died of cholera since the outbreak of the disease 2 months ago.

Senior clinical officer in charge of Mpulungu rural health centre Mr. Bornface Mukuka said more patients were calling at the centre everyday.

Mr. Mukuka said during an on-the-spot investigation of the outbreak that two treatment centres had since been established at the Government rest house in Mpulungu and at Chisanza rural health centre near Kasaba Bay.

Since the disease was detected, 140 people had been treated and discharged with the seven deaths recorded.

Mr. Mukuka appealed to local people to adhere to elementary health requirements such as boiling drinking water and using pit-latrines to contain the disease.

And cholera which broke out in Senior Chief Mbuluma's area 2 weeks ago has now spread to Luangwa boma township.

Luangwa council secretary Mr. Chibangu Chisunka said two men had so far died at the township clinic while six others have been admitted.

The two who died were fishermen who apparently contracted the disease in Mozambique where they had gone to buy [word illegible].

Mr. Chisunka expressed fears of the disease spreading rapidly since all the patients being admitted were mixing with outpatients as there was no isolation ward at the clinic.

The council secretary who described the situation as very serious appealed to the office of the permanent secretary for Lusaka Province to consider closing the border with Mozambique temporarily as it had been proved that it was a source of the disease.—Zana/ZIS.

### **Centers in Southern Province Close, Task Done**

93WE0374E Lusaka *TIMES OF ZAMBIA* in English  
16 Mar 93 p 2

[Text] All cholera treatment centres in Southern Province have been closed after treatment and discharge of the last patient in Mazabuka at the weekend.

Provincial medical officer Dr. Julius Malikinya confirmed that cholera centres have been closed after the successful treatment of the last patient.

Cholera broke out in the province last December and claimed more than 67 lives in Mazabuka, Sinazongwe and Sinazeze areas before spreading to other towns.

Dr. Malikinya however said despite the closure of the centres district surveillance committees have been ordered to be on the look out for any fresh outbreak.

He said health workers in the centres were paid risk allowances. The money was equally distributed to all district centres and there he didn't expect complaints.

Residents in all the towns have been advised to observe maximum standards of hygiene despite the closure of centres.

### **Corridor Disease Spreading in Chisamba, Kabwe**

93WE0374B Lusaka *ZAMBIA DAILY MAIL*  
in English 19 Mar 93 p 3

[Article by Longs Shamputa: "Corridor Disease Spreading"]

[Text] Corridor disease which broke out early this year and is still killing cattle in Kanakantapa area since January, has now spread to other outlying areas of Chisamba including Mwomboshi and Kamano in Kabwe rural district.

And villagers in Kalilika, Muperekese, Kaminembe, Muntemba and Mudenda are still recording cattle deaths despite having formed cattle clubs in their villages to teach them how to treat their animals.

A ZIS team which visited the areas yesterday found that almost all the cattle clubs which the district veterinary field team had formed in the area last January have run out of drugs, thereby subjecting the cattle to more deaths while some villagers are now taking their animals to the nearby Chongwe district to sell them.

The villagers complained that they had last seen the district veterinary field team last January when they visited the area to supply drugs and from cattle clubs.

"Since then, no one has come back to replenish our drugs stock. The disease has now spread to other outlying areas while those of us here are still experiencing deaths" they complained.

And in an interview later at Chisamba veterinary office yesterday, district veterinary officer Dr. Jassey Kundaali

confirmed the report, saying he last visited the affected areas last January when he was funded with K50,880 for fuel for the exercise.

"Since then, I have not been able to go back there to deliver more drugs and to make on the spot follow ups on the exercise due to lack of fuel. But my head office in Kabwe is aware of the problem," he said.

### **Swine Fever Outbreak in Lusaka Reported**

*93WE0384C Lusaka ZAMBIA DAILY MAIL in English 18 Feb 93 p 1*

[Article by Miriam Kalima]

[Text] **Lusaka abattoirs and slaughter houses which carry out pig slaughters and pork processing have been closed following the outbreak of African Swine Fever which has so far claimed 30 pigs in the capital.**

Agriculture, Food and Fisheries Minister Dr Guy Scott, announcing the move also ordered the destruction of all pigs in the affected and surrounding compounds and those in the 15 kilometre radius centred at Namwandwe Farm east of Lusaka where the disease has been confirmed.

Road and rail imports of pork products has been suspended and all other imports by air will have to be cleared by the director of Veterinary and Tsetse Control Services and be accompanied by a veterinary import permit.

Dr Scott, whose own farm has been affected by the outbreak, yesterday placed Lusaka Province, including Chisamba, up to Landless Corner, under quarantine and no pigs, pork or pork products will be allowed into or out of the province.

The disease is spreading rapidly and Dr Scott said the abattoirs will be thoroughly disinfected under strict supervision of the veterinary department. Those who fail to comply with the measures will be prosecuted.

The virus has been confirmed at Namwandwe Farm and Francis Kaunda farms, east of Lusaka along Leopards Hill Road.

It has been traced to Bauleni Compound where a resident is suspected to have brought in an infected pig from the Eastern Province where the disease was first diagnosed in 1965.

Dr Scott appealed to the farming community, especially pig farmers, to cooperate to halt the outbreak and to facilitate the re-stocking of the animals quickly.

He warned that failure to comply would lead to the spread of the virus to the Midlands and consequently threaten the future of the pork industry in the country.

The African swine fever virus can be carried in live animals and products such as ham, sausage and bacon.

The virus can survive in dried meat and still be able to cause infection.

### **Cattle Disease Outbreak in Zambezi District**

#### **Kills 40 Animals**

*93WE0384B Lusaka TIMES OF ZAMBIA in English 2 Feb 93 p 2*

[Article: "Disease Kills 40 Animals"]

[Text] A cattle disease known as coccidiosis has broken out in Zambezi district and at least 40 animals have died since the outbreak last month.

North-Western Province Deputy Permanent Secretary Mr Andy Kanjimana said in Solwezi at the weekend, the most affected areas were in chiefs Muyembe, Kucheka and Nyatanda on the west bank and Mpidi area on the east bank of the Zambezi river.

He said the disease was caused by grazing grass and drinking contaminated water in which animals develop blood diarrhoea.

#### **Further Reportage**

*93WE0374C Lusaka ZAMBIA DAILY MAIL in English 16 Mar 93 p 3*

[Text] The veterinary department in North-Western Province have launched a campaign to fight the spread of blood diarrhea disease among cattle in Zambezi, provincial veterinary office Dr. David Shamulenge disclosed in Solwezi yesterday.

Dr. Shamulenga said that drugs worth more than K500,000.00 have already been sent to Zambezi to fight the disease.

The doctor who could not disclose the number of cattle affected nor those which have died said the outbreak has forced the department to suspend cattle movement in the district.

He said until the disease is contained, movement of cattle from Zambezi to any other districts will not be allowed.

The suspension of cattle business in Zambezi which is the only main source of income in the region is likely to affect beef sales in Solwezi, he said.

Dr. Shamulenge said Butchers have been advised to transport the 300 cattle which they bought before the outbreak of the disease in November to Solwezi and directed them to slaughter the animals on arrival.

The suspension of cattle movement has also deprived Zambezi residents the much needed proteins as cattle slaughtering has also been suspended in the district, villagers told ZANA.—ZANA

## ZIMBABWE

### Cholera Epidemic Still Spreading Rapidly

#### Toll Reaches 153

93WE0385A Harare THE HERALD in English  
20 Jan 93 p 1

[Article: "Cholera Toll 153 as Epidemic Spreads"]

[Text] The cholera epidemic in Zimbabwe is spreading rapidly with 3,003 cases having been reported. Some 153 people have since died.

The situation is likely to worsen because the Ministry of Health and Child Welfare has exhausted all the funds allocated to fight the epidemic. It has, however, requested a further \$7 million from the Government.

At a Press conference in Harare yesterday, the minister of Health and Child Welfare, Dr Stamps, said one case of cholera had been reported on his own farm near Harare.

He was concerned at the rate the disease was spreading, saying four more districts had been affected recently.

The districts are Mvuma in the Midlands, Mutasa in Manicaland, Mudzi, Uzumba, Maramba and Pfungwe in Mashonaland East.

Most cases still came from two refugee camps—Tongogara in Chipinge and Mozowe River Bridge in Rushinga.

At present, 477 cases have been reported in the Mt Darwin area, 876 in Mashonaland Central, 1,290 in Chipinge. Of the Chipinge cases, 1,035 are from Tongogara refugee camp.

The other areas are Bikita in Masvingo, Mutare, Machipanda and Chimanimani in Manicaland.

Four cases of cholera had been reported in Harare while Mutare had 11. Of the cases reported in Harare, said Dr Stamps, all of them seemed to have come from the known affected areas.

On why the disease was prevalent in refugee camps, Dr Stamps said the camps had inadequate sanitary facilities.

#### Deaths Increase to 184

93WE0385B Harare THE HERALD in English  
27 Jan 93 p 1

[Article: "State Releases Extra \$3,5m To Fight Cholera"]

[Text] The Government has released an extra \$3,5 million to the Ministry of Health and Child Welfare to fight the cholera epidemic, which has now claimed 184 lives.

The ministry, which had exhausted previously allocated funds to fight the epidemic, warned last week that the situation was likely to worsen. It asked for \$7 million.

An additional 30 people died last week, bringing the toll to 184, the Minister of Health and Child Welfare, Dr Timothy Stamps, told journalists in Harare yesterday. At least 3,695 cases of cholera had been reported as at January 24.

The drying up of cash threatened to derail the whole campaign. However, the health officials were now gaining an upper hand. Of the 65 treatment centres throughout the country, 41 of them were inactive over the past week.

Cholera outbreaks had been reported in Mashonaland West and the Midlands which to date had been spared by the epidemic. Four cases were detected in each of the provinces, with two deaths reported. Four cases of cholera had been reported in the Harare's Mbare suburb and in Epworth.

Dr Stamps said 53 new cases had been identified in the Middle Save and about 40 in Manicaland. He, however, stressed the need to provide adequate clean water to people, and for people to exercise a high degree of personal hygiene.

#### Toll Climbs to 250

93WE0385E Harare THE HERALD in English  
10 Feb 93 p 1

[Article: "Cholera Kills 250 People Countrywide"]

[Text] Two hundred and fifty people countrywide have so far died of cholera and the reported number of cholera cases has risen from 3,695 on January 27 to a staggering 5,207 in the last 13 days.

This week alone, 520 new cases were reported, 420 of them from refugee camps. Last week 206 people had died from cholera.

As the epidemic continues to spread, some new cases have been reported in Honde Valley, Manicaland.

Briefing journalists in Harare yesterday, the Minister of Health and Child Welfare, Dr Timothy Stamps, said no cases of cholera had been reported in Matabeleland so far.

The cholera outbreak was first reported on November 26 last year in Tongogara Refugee Camp and has since spread to other districts in Mashonaland, Manicaland and Masvingo.

The health ministry has since blamed the outbreak on the uncontrolled movement of people, especially Mozambican refugees streaming into Zimbabwe.

Dr Stamps has appealed to farmers and the public to stop employing strangers. Engaging of casual workers had resulted in the spread of the epidemic.

The Government would not be able to control the disease if farmers and other members of the public continued to employ casual workers, said Dr Stamps.

In Centenary, Mashonaland Central, 16 new cases of cholera were reported this week, and out of these, 10 people have died.

Dr Stamps blamed some politicians who encouraged food vending, saying this had contributed significantly to the spread of the disease.

### **S. Manicaland Reports Decline in Cases**

93WE0385D Harare *THE HERALD* in English  
5 Feb 93 p 7

[Article: "Ministry Invites Unemployed Nurses To Fight Cholera"]

[Text] The Ministry of Health and Child Welfare in Manicaland is inviting State Registered Nurses who are unemployed to report to the Provincial Medical Directorate for temporary employment to help fight cholera.

The ministry is also seeking the services of environment health technicians and state certified nurses to take part in the fight against cholera. All interested must either call on the PMD or the respective district medical officers immediately.

In an interview this week, the Manicaland provincial medical director, Dr Tendai Chimbadzwa, said cholera cases were rapidly increasing in the northern parts of the province while there has been a general decline in the southern region.

He said Nyangombe refugee camp in Nyanga reported 220 cholera cases during the last 2 weeks as the disease continues to spread into the northern parts of the province.

As of Sunday, he said, 2,190 cases and 76 deaths had been reported in the province since the outbreak of the disease at Tongogara Camp in Chipinge last November.

Dr Chimbadzwa, said health officials in the province are concerned about the new cases of cholera, hence the call for auxiliary nursing staff.

The major areas affected by the disease at Tongogara which accounts for 55 percent of all the cases in the province, Middle Sabi irrigation scheme, Tanganda, Birirano Ward, Rimbi, Chibuwe and south of Chipinge.

In Chimanmani, cases of cholera were declining. Mutare district and the city had also registered less cases than the previous month.

"We are more concerned about the outbreak of cholera at Nyangombe Refugee Camp because of the inadequate water supply at the camp. Supplementary water is being brought by a tanker from Nyanga, a situation that makes us very worried," said Dr Chimbadzwa.

He added that the Department of Social Welfare was working at improving the water supply at the camp.

Meanwhile, specialist doctors in the fields of anaesthetics and psychiatry are desperately needed at Mutare General Hospital.

### **Province Distribution of Cases; Toll Now 285**

93WE0381C Harare *THE HERALD* in English  
11 Mar 93 p 9

[Article: "Cholera Cases Decline"]

[Text] The number of reported cholera cases this week has gone down by about half from 148 last week to 76. Nine people have died.

However, the cumulative number of reported cholera cases is 6,322, with 285 deaths since the outbreak of the epidemic in November last year.

This shows a fatality rate of 4.5 percent, a statement issued in Harare yesterday by the Ministry of Health and Child Welfare said.

Manicaland province reported 32 new cholera cases this week and three deaths. Last week 90 cases of cholera were reported in the province.

In Mashonaland Central, Mazowe River Bridge reported 15 new cases out of the 28 cases reported throughout the province. There were two deaths.

Masvingo province reported three cholera cases, all from the new cholera treatment centres at Munyikwa in Gutu and Neshuro in Mwenezi. One person died at Munyikwa.

Only one case was reported in Mashonaland East at Maroo in Mudzi, while five cases were reported in the Midlands. Three cases were reported at Gweru Hospital and two at Chireya Hospital in Gokwe. There were no deaths reported in the province.

### **Toll 287, But Death Rate Considered Low**

93WE0381D Harare *THE HERALD* in English  
14 Mar 93 p 3

[Article: "Four Cholera Deaths, 37 New Cases Recorded Last Week"]

[Text] A total of 6,323 cholera cases and 287 deaths from the disease have been reported throughout Zimbabwe since November last year, according to the Minister of Health and Child Welfare, Dr Timothy Stamps.

He said in an interview yesterday that four people had died and 37 new cholera cases had been reported in the past week.

Cholera had now spread from such places as the Tongogara refugee camp to Mashonaland, Manicaland and Masvingo provinces, Dr Stamps said.

The death rate was, however, low compared with the number of cases reported countrywide.



"We have 37 new cases and four deaths of cholera countrywide, we cannot say the disease is exactly under control because we are still worried about Chitungwiza and Harare.

"Although we have only had two imported cases of the disease in Harare lately, the handling of fruits still causes us to worry. The handling of fruits and foodstuffs in the two cities is still very primitive.

"I am sure it has been evidenced by the meat being carried in open trucks, fruit and food vending, pools of water and unhygienic public toilets," he said.

Dr Stamps said local authorities in Bulawayo, Gweru, Kwekwe and Mutare had taken measures to improve hygiene to prevent the spread of cholera, but Harare and Chitungwiza were still in "a mess."—Ziana

#### Burial Precautions

93WE0385C Harare THE HERALD in English  
31 Jan 93 pp 1, 4

[Article: "Ministry Now To Supervise Cholera Victim Burials"]

[Excerpt] The Ministry of Health and Child Welfare will now supervise all cholera victims' burials to ensure that mourners are not infected by the bacteria from the deceased's body, Dr Timothy Stamps has said.

In an interview with THE SUNDAY MAIL, the minister said health officers assigned to such funerals would disinfect the body, the house where the deceased would be and the materials used in the wrapping of the body.

"They will use chloride of lime which kills the bacteria. The body must be sprayed so that those touching it would not carry the virus to other places," he said.

Minister Stamps said considering the number of mourners at funerals, the health officers would also make sure that people washed their hands in disinfected water.

He, however, said that the rate at which the epidemic was spreading had declined especially in some refugee camps. This had been shown by the number of new cases reported this month.

"At Tongogara camp where it was first detected, 72 cases were reported during the first 2 weeks of this month, 45 cases the following week and only 32 cases last week. So we can say we are on top of the situation," said the minister.

He said the employment of refugees by commercial farmers to get cheap labour had contributed in spreading the disease. Some new cases were reported in Tanganda (Middle Save) and ADA Estate where refugees from a nearby camp were employed. [Passage omitted]

#### At Least 50 Deaths From Malaria This Year

##### Situation Called 'Worrisome'

93WE0373A Harare THE HERALD in English  
23 Mar 93 p 1

[Text] Malaria has killed at least 50 people and 75,956 cases have been reported throughout the country since the beginning of the year, as the disease threatens the lives of many more people.

The disease is spreading fast in the Kariba basin area of Binga and Omay, the eastern districts and Gokwe, with children under the age of five being the most vulnerable.

Heavy rains that had fallen during the past month had created more breeding places for mosquitoes and people have been urged to cover stagnant water pools near homes as they provide favourable breeding grounds for mosquitoes.

Travellers to malaria problem areas have been advised to take the recommended drug starting before they leave and to continue for 4 weeks after they returned.

In an interview in Harare yesterday, the Minister of Health and Child Welfare, Dr. Timothy Stamps, said the situation was now worrisome, especially after the ministry had conducted an intensive house to house spraying exercise in January.

"Our main worry is that we are getting reports of malaria being transmitted in Harare. This is of grave concern because Harare used to be free. It is partly because of the reduced number of environmental workers who used to monitor the situation."

The minister urged people to avoid sleeping in the open and to ensure that children were protected during the night.

He said his ministry did not have the "locus standi" (authority) in the city health matters.

"The most important thing that people should bear in mind is that there is no fullproof guarantee of not getting malaria," said Dr. Stamps.

Severe headaches, high temperatures, convulsions and dark urine are some of the symptoms of malaria.

#### Kills 10 in Binga District

93WE0379B Harare THE HERALD in English  
6 Mar 93 p 1

[Text] Bulawayo—Health professionals and church volunteers are working flat out to contain a malaria epidemic which has cost 10 lives in the last 2 weeks in the Binga district.

Dr Peter Fear, the provincial medical director, said yesterday that those who had died were children under the age of eight. They had died of cerebral malaria. The

Binga district hospital staff were now working extra hours to ensure that all patients were treated.

"To contain the epidemic, environmental health technicians and district nursing staff have started upgrading village community workers so that they can treat uncomplicated malaria cases in their communities.

"Once the scheme becomes operational we hope this will take pressure off health institutions in the district and enable those who are suffering to get early treatment to reduce mortality and prevent long-term sickness," he said.

Dr Fear said in addition to the village community workers, the Roman Catholic Church had deployed volunteers who were assisting with general work and support at the understaffed hospital.

The Member of Parliament for Binga, Cde Paul Siachimbo, would approach members of the community who had some Red Cross training to assist, he said.

The hospital had admitted 260 malaria patients and that they sometime treated up to 500 patients a day. This had resulted in congestion at the 140-bed hospital.

The hospital had enough drugs to treat malaria and that hospital officials constantly monitored the situation at clinics.

#### **Cerebral Malaria in Mashonaland Central**

93WE0379C Harare THE HERALD in English  
11 Mar 93 p 6

[Text] Cases of cerebral malaria are now prevalent in Mashonaland Central where the high humidity and swampy areas are encouraging the breeding of mosquitoes, Mashonaland Central Governor Cde Joyce Mujuru said yesterday.

In an interview, Cde Mujuru said it was unfortunate that Mashonaland Central was fast becoming a "malaria province" with many cases developing into cerebral malaria because of the lack of adequate medical care.

There was widespread spraying of swampy areas around the province to prevent breeding and oral prophylaxis was encouraged.

The governor was already making plans to improve the conditions of hospitals and clinics in the province.

The province has been so badly affected that Bindura provincial hospital, which admits most of the referral cases in Mashonaland Central, is unable to cope with the situation.

"Most of the deaths recorded every week are from cerebral malaria. The situation is getting beyond control," a staff member at the hospital said.—Ziana.

#### **Campaign Against Armyworm Underway**

##### **Almost All Provinces Take Measures**

93WE0386A Harare THE HERALD in English  
21 Jan 93 p 7

[Article: "Province Up in Arms Against Armyworm"]

[Text] Almost all the provinces in Zimbabwe except Masvingo are now taking some measures to control the armyworm and Agritex says it will continue to co-ordinate spraying operations to save young cereal crops and pasture.

The department said yesterday that isolated cases had so far been detected in seven of the country's eight provinces. Masvingo was the only province with unconfirmed cases to date.

Areas affected are: all districts in Matabeleland North; all districts except Filabusi in Matabeleland South; Beatrice area, Harare district in Mashonaland East; Makonde and Hurungwe districts in Mashonaland West; Mazowe, Guruve, Muzarabani and Bindura districts in Mashonaland Central; Nyanga, Chipinge, Chimanimani and Mutare, districts in Manicaland; and Gokwe, Shurugwi, Kwekwe, Mvuma and Mberengwa districts in the Midlands.

"Efforts are underway to try and control the pest. Chemicals and sprayers have been moved to affected areas and Agritex is co-ordinating the spray operations. The thrust is to try and preserve the young cereal crops and pasture as much as possible," Agritex acting chief agricultural specialist (crops) Cde Percy Malusalila said yesterday.

He said fresh outbreaks had been reported in Harare and Beitbridge in the past 5 days. But the Harare City Council had to control the pest within urban Harare, as the legal authority in charge.

Members of the public should report armyworm to any civil servant, local chiefs or Agritex staff who will in turn, notify head office of the department or the officials at the Plant Protection Research Institute of the Department of Research and Specialist Services.

Efforts to contact Harare City Council officials yesterday on the outbreak of the armyworm in Harare were fruitless. However, a survey of most of the city's open areas, especially those under cultivation by residents, showed strong presence of the pest but no evidence of efforts to control it.

Open areas under maize cultivation by residents in Kamibuzuma, Rugare, Lochinvar, Highfield and isolated places in Kuwadzana, Glen Norah and Glen View are heavily affected by the armyworm.

Low-density areas such as the northern and eastern suburbs where there is less cultivation have also reported

the presence of the armyworm but the pest can only be detected in the open grassland of the suburbs feeding on the tender grass shoots.

Elsewhere on State land, Agritex is using common chemicals such as carbaryl, malathion, endosulfan and trichlorfon to control the armyworm. Most of these chemicals are readily available from dealers throughout the country.

But, in Harare, few, if any, of the residents cultivating maize in open areas appear to have taken measures to control the armyworm in their affected cropfields.

A Highfield resident, Cde Stelia Limawu, whose maize crop in the open lands of Willowvale is seriously affected said she had so far been unable to do anything about the armyworm because she was unaware of the type of chemicals used or where they could be bought.

According to scientific literature, the armyworm (*Spodoptera exdempta*) matures into a moth. The larvae or caterpillars are green with black stripes which are broad when they are swarming, and invade grasslands and attack young cereals and sometimes sugar cane, cotton and other plants.

The armyworm was first detected in Zimbabwe in the northern parts of Mashonaland Central about a month ago and was believed to have been moving southwards from Zambia.

#### **Fewer Outbreaks Reported**

93WE0386B Harare THE HERALD in English  
29 Jan 93 p 1

[Article: "Armyworm Spread Under Control"]

[Text] Outbreaks of the armyworm, which threatened the maize crop in several parts of the country, are now fewer, with Agritex receiving just 11 reports from the provinces last week.

An Agritex official, in an interview yesterday, said the recent outbreaks had been in Gokwe, Mberengwa, Gwanda and other parts of Matabeleland South. Agritex teams have been dispatched to these areas.

However, numerous reports of the armyworm have been received from areas in and around Harare. At least 55 reports were made last week. It was up to the municipality to control the caterpillars on its lands.

Harare City Council has since promised it would spray the armyworms to prevent them spreading, but said it would not take action to kill the pest on unused lands and on land being cultivated.

#### **Outbreak Now Under Control**

93WE0379A Harare THE HERALD in English  
28 Feb 93 p 5

[Text] The armyworm outbreak that had threatened to wipe out most of the crops this season has now been controlled and indications are that no further damage will be done to the crops, the Commercial Farmers' Union entomologist, Mrs Di Taylor has said.

She said while there was still a possibility of another outbreak, this was not likely to have any disastrous effects on the crops. "It looks like there is no more armyworm activity, although we cannot rule out further outbreaks," she said.

In the commercial farming areas the worms had not destroyed any crops as most of the reports had been of the armyworm destroying pastures. They had been sprayed before spreading to the fields.

The situation was, however, different in the communal areas where large tracts of crops were destroyed in such areas as Tengwe, Muzarabani, Mt Darwin, Guruve, Nkayi, Lusule, Hwange, Lupane and Gokwe.

The pests damaged crops belonging to the grass family but spared the broadleaves. Maize, sorghum, veld and pasture grasses suffered most before Agritex sent spraying units to the affected areas. This year's outbreak had been particularly devastating because of the heavy rains that had been preceded by a dry period.

#### **Anthrax Outbreak in Umzingwane District**

93WE0386C Harare THE HERALD in English  
10 Feb 93 p 3

[Article: "Anthrax Kills 16 Cattle"]

[Text] Bulawayo. A recent outbreak of anthrax in the Bezha communal area of Umzingwane district killed 16 cattle, according to the provincial veterinary officer for Matabeleland region, Dr Msongelwa Mangena.

The outbreak was reported last month and mobile units from the Department of Veterinary Services had been deployed to the area to vaccinate cattle against the disease.

Over 6,500 cattle were vaccinated against anthrax in the exercise done with urgency to curb the spread of the disease.

Dr Mangena, in an interview yesterday, urged both communal and commercial farmers to vaccinate their cattle against anthrax. The disease was threatening animals that had survived the drought.

Several meetings had been lined up in the region to discourage people from eating uninspected meat as they risked contracting diseases.



"People should desist from consuming uninspected meat or buying from illegal vendors as they can contract diseases," said Dr Mangena.

Carcasses of cattle which die from anthrax should be burnt to destroy the anthrax bacteria and prevent it from contaminating pastures.

The anthrax bacteria remains effective in pastures for about 10 years. Anthrax is an acute bacterial disease which affects both livestock and human beings.

Another anthrax outbreak had been reported at Chipangali Wildlife Orphanage towards the end of last year and had been controlled.—Ziana

**Quarantine Bureau Uncovers Disease-Carrying  
'Travellers'**

*HK3004031093 Beijing CHINA DAILY in English  
30 Apr 93 p 3*

[Report by staff reporter Zhu Baoxia: "Risky Travellers  
Found by Bureau"]

[Text] The Beijing Health and Quarantine Bureau has discovered more than 700 carriers of epidemic diseases and uncovered 90 HIV-positive travelers in the past 5 years.

Over 5,000 batches of imported blood and biological products as well as some 8,000 containers were quarantined.

Substandard food imports totalled some 20 million yuan (about \$3.5 million).

Yesterday, Beijing's Capital Airport Health and Quarantine Bureau opened.

Qu Xulu, who is in charge of the National Health Quarantine Institute, said at the launching that airport quarantine, which was at the country's gateway, must be strengthened to protect people's health and to serve China's economic and social developments.

He said that since 1985, 962 HIV-positive cases had been reported in China, of which 282 had been discovered at border-crossings and 192 at airports.

Qu said quarantine stations across China had successfully prevented some diseases such as cholera and syphilis from entering the country.

The Capital Airport bureau was set up by the Ministry of Public Health and is administered by the Beijing Health and Quarantine Bureau.

The new bureau will check passengers, containers and vehicles.

It will also inspect environmental conditions and food quality both at the airport and inside aircraft.

## AUSTRALIA

**Dengue Fever Cases Double in North Queensland**

*BK1105070693 Melbourne Radio Australia in English  
0500 GMT 11 May 93*

[Text] Health authorities in North Queensland say the number of suspected cases of dengue fever in the Cairns and Mareeba area has doubled to 12. They say it will take another 2 weeks before medical authorities get the results of blood tests which may confirm the outbreak. Furthermore, 32 cases of dengue fever have been reported in the Charters Towers District where about 500 people are showing symptoms of the mosquito-borne disease.

## CAMBODIA

**12 Japanese SDF Troops Being Treated for Dysentery**

*OW2005052593 Tokyo KYODO in English 0420 GMT  
20 May 93*

[Text] Tokyo, May 20 KYODO—Twelve Japanese peacekeepers in Cambodia are recovering from dysentery, Chief Cabinet Secretary Yohei Kono said Thursday.

He said the 12, who are among Japan's 600 Self-Defense Forces (SDF) troops on a United Nations peacekeeping mission in Cambodia, developed symptoms of dysentery last Friday.

Two more SDF peacekeepers show signs of having contracted the disease, the chief spokesman for Prime Minister Kiichi Miyazawa's cabinet told a news conference.

The 12 soldiers are being treated for the illness by a medical unit of the SDF engineering contingent, which has been engaged in repairing war-ravaged Cambodia's roads and bridges, Japanese Government officials said.

The SDF contingent is stationed in the southern province of Takeo as part of the peacekeeping operation directed by the United Nations Transitional Authority in Cambodia (UNTAC).

A total of 41 Japanese civilian election monitors arrived in Takeo Province this week to help with the UN-sponsored Cambodian general election which begins Sunday, with polling to finish on May 28.

Kono has asked the Defense Agency to order the SDF medical unit to provide medical services to the monitors if any of them should develop symptoms of dysentery, the officials said.

## MALAYSIA

**Spread of Cholera Continues****Health Official on Cases in Four States**

*BK1904144393 Kuala Lumpur Radio Malaysia  
Network in Malay 1300 GMT 19 Apr 93*

[Text] Govindran Nainani, acting director of Malaysian medical and health services said in Kuala Lumpur today that six out of the seven new cases of cholera reported in Kedah, Perak, and Penang today were caused by contaminated food served at feasts held recently. According to his statement, of the three cases reported in Kedah, two victims were affected after they ate food served at a feast in Baling held on 30 March, and another was from Kuala Muda.

Today, one new cholera case was reported in Kulim District and one in Penang.

Three cholera cases and three bacteria carriers were reported in Perak. The victims, who come from Larut, Matang, and Selama Districts, were affected after they consumed food at several feasts held in their areas.

As of 30 March, the total number of cholera cases identified in the four states of Kedah, Perak, Penang, and Kelantan was 172, with 105 bacteria carriers after the latest cases were reported.

**More Cases in Perlis State**

*BK2704151093 Kuala Lumpur Radio Malaysia  
Network in Malay 1300 GMT 27 Apr 93*

[Text] Perlis state is still exposed to a threat of a cholera epidemic after four more cases were reported and seven bacteria carriers detected within the last 7 days. The cholera operation room that had been closed on 10 April following no more reports on cholera cases since 27 March was reopened.

Datuk Dr. Faizal Ibrahim, state director of medical and health services said that the latest report on the case today involved a 13-year old male student. He is suffering from cholera and is now seeking treatment in Kangar General Hospital. Three more persons were found to be affected by cholera since 20 April. A team of officials from the state Medical and Health Services Department is taking necessary steps to control the epidemic in affected areas. Between 6 March and 27 March, a total of 32 cholera cases and 29 bacteria carriers were identified throughout the state of Perlis, particularly in Chuping, Kuala Perlis, Simpang Empat, and Baseri areas.

**Selangor State Declared Epidemic Area**

*BK1705135493 Kuala Lumpur Radio Malaysia  
Network in Malay 1300 GMT 17 May 93*

[Text] Selangor state has been declared a cholera epidemic area after six new cholera cases and three carriers

were discovered since 8 May. Director of State Medical and Health Services, Dr. Naranjan Singh, said more cases and carriers are expected to be reported soon.

The three carriers, who were detected last Saturday, are from the same family. Food vendors at Taman Tasik, Ampang, they are a 43-year old man, his wife, aged 32 and one of their six children. They have been confirmed as carriers and are currently under the supervision of the Kajang District hospital.

Since January, 10 cholera cases have been detected in Selangor, including a Bangladeshi who later died at the University Hospital.

On dengue fever, Dr. Naranjan said 30 new cases have been reported in the districts of Gombak, Petaling, MPPJ [Petaling Jaya Municipal Council]. One case has been reported in Sepang. No cases of hemorrhagic fever have been reported.

Since January, 393 dengue cases including 45 hemorrhagic fever and six deaths have been reported in Selangor.

## THAILAND

### Jan-Mar Diarrhea Cases Highest in 10 Years

93WE0368A Bangkok MATICHON in Thai 6 Apr 93  
p 2

[Excerpts] The Ministry of Public Health has issued a report on people with severe cases of diarrhea during the period 1 January 1993 to 31 March 1993. It said that during this 3-month period, there were a total of 4,921 cases, with 11 deaths. This is the highest number of cases in 10 years. Besides this, the Ministry of Public Health also compiled data on past diarrhea epidemics and the efforts made to find ways to prevent this disorder. Its findings were as follows:

During the period 1817-1823, there was a major cholera epidemic (the first) that first originated in India and that spread throughout the world, including to Thailand. That was during the reign of King Rama II in 1820. There were 30,000 deaths in Bangkok and the surrounding provinces.

The second major epidemic occurred during the period 1846-1862 (during the reign of King Rama III). In 1949, approximately 10 percent of the people in Bangkok and the nearby provinces died. [passage omitted]

In 1963 the El-Tor vibrio rod was found in Nakhon Sithammarat Province. Ever since then, the causative organism has been El-Tor vibrio. Originally, it was Serotype inaba.

In 1987, there were 5,311 reported cases of cholera. Most of these were in the central region. At the beginning of 1988, the Ministry of Public Health implemented a cholera prevention policy. All government units were ordered to take action to prevent cholera.

In 1988, El-Toro Ogawa was found in Saraburi, Sisaket, Samut songkhram, and Bangkok. [passage omitted]

In 1989, El-tor Ogawa was found in 15 provinces: Ubon Ratchathani, Nakhon Ratchasima, Tak, Chiang Mai, Ranong, Bangkok, Nonthaburi, Pathumthani, Ayuthaya, Khon Kaen, Chiang Rai, Lamphun, Lampang, Uthai Thani, and Chumphon.

In February 1989, the Ministry of Public Health asked the World Health Organization to remove the names of various provinces from the list of cholera areas (because no cases had been found in those areas for more than 21 consecutive days).

In March 1989, the World Health Organization did what Thailand had asked and published an article in the WEEKLY EPIDEMIOLOGICAL RECORD stating that Thailand had not reported any cases of cholera and so Thailand was not one of the areas listed as a cholera-infected area. Besides that, the Department of Medical Sciences, Ministry of Public Health, conducted inspections and guaranteed that the seafood and other food products exported from Thailand were free of the cholera organism.

In 1990, El-Tor Ogawa was found in all regions of the country. The rate was highest in the northern region followed by the central region.

In March 1990, the Ministry of Public Health convened a meeting of the teams involved in controlling severe cases of diarrhea. The main items on the agenda were:

1. The Ministry of Public Health attached great importance to preventing and controlling severe diarrhea.

2. Cholera was to be called "severe diarrhea."

3. The areas of operation were to be divided into three groups:

- 3.1. Areas where no cases had been reported were to take preventive measures.

- 3.2. Areas with just a few cases were to form rapid mobile units to control the disease as quickly as possible and simultaneously carry on public health activities.

- 3.3. Areas with a large number of cases were to take resolute action and send reports daily. The Ministry of Public Health would cooperate fully. The Provincial Public Health Division was ordered to allot funds to pay compensation and sundry expenses and provide materials to support the provinces with a large number of cases. The public health supervision offices responsible for various zones were to monitor things and prevent and control this disease. Emphasis was to be placed on conducting examinations, quickly finding those with the disease, sending reports, and taking action to control the disease as quickly as possible.

In 1991, there were 4,434 cases of cholera, which was a rate of 7.79 per 100,000 people. A total of 21 people

died, which is a death rate of 0.47 percent. As compared with previous years (1987-1991), the number of cases

was still high, with no downward trend. However, the death rate dropped below 1 percent in all age groups.

#### Provinces Reporting Cases of Severe Diarrhea; Top 10 During the Period 1989-1992

Rank	1989	1990	1991	1992
1	Samut Prakan	Bangkok	Bangkok	Bangkok
2	Tak	Chiang Mai	Samut Prakan	Nonthaburi
3	Bangkok	Nonthaburi	Pathumthani	Samut Prakan
4	Nonthaburi	Nakhon Ratchasima	Samut Sakon	Pathumthani
5	Mae Hong Son	Samut Prakan	Nonthaburi	Nakhon Ratchasima
6	Pathumthani	Pathumthani	Nakhon Ratchasima	Samut Sakhon
7	Samut Sakhon	Nakhon Sithammarat	Chonburi	Pattani
8	Rayong	Surat Thani	Samut Songkhram	Surat Thani
9	Chiang Mai	Chachoengsao	Rayong	Chachoengsao
10	Nan	Samut Sakhon	Khon Kaen	Songkhla

#### Number of Cases of Severe Diarrhea by Month

Month	1989		1990		1991		Median Value, 1987-1991	1992		1993	
	Cases	Deaths	Cases	Deaths	Cases	Deaths		Cases	Deaths	Cases	Deaths
January	141	2	537	3	64	-	141	172	2	1,186	5
February	397	2	1,314	10	227	1	452	348	-	2,061	5
March	381	5	1,639	6	582	2	582	555	5	1,674	1
April	214	-	531	5	505	4	505	573	3		
May	377	1	429	2	516	1	377	784	3		
June	386	2	231	1	375	2	241	996	4		
July	365	3	143	-	869	5	185	695	2		
August	207	1	95	1	583	1	207	481	4		
September	201	-	80	-	373	1	201	183	2		
October	244	3	119	2	232	3	232	152	-		
November	168	-	39	1	151	1	151	330	1		
December	162	-	13	-	137	1	103	363	1		
Total	3,243	19	5,170	31	4,615	22	4,615	5,636	27	4,921	11

#### Dengue Fever Cases Reported

##### 4,728 Kanchanaburi Cases

93WE0396A Bangkok MATICHON in Thai 14 Apr 93  
p 16

[Excerpt] [passage omitted] Dr. Suraphong Tanthanakun, the public health officer in Kanchanaburi Province, said that there were 4,728 cases of dengue fever in the province during the period 1986-1991. Of these, 16 people died. This disease is most prevalent during the period May-September. And very often, it spreads in the schools. Thus, the provincial public health office has

established a committee to carry out a project and control the spread of dengue fever in schools. [passage omitted]

##### 683 Kalasin Cases

93WE0396B Bangkok MATICHON in Thai 14 Apr 93  
p 17

[Excerpt] Dr. Surin Prasithiran, the public health officer in Kalasin Province, said that statistics show that in 1992, there were 683 cases of dengue fever in the province, which is a rate of 75.4 people per 100,000 people. Of these, two died, which is a rate of .22 people per 100,000 people. This year, it's very likely that the outbreak of this disease will be even worse than last year. [passage omitted]

### **Mosquito-Borne Illness Kills 20-30 Percent of Victims**

*BK0605011593 Bangkok BANGKOK POST in English  
6 May 93 p 2*

[Text] A Mahidon University entomologist yesterday warned that there has been an increase in the number of children killed by a brain deficiency disease carried by mosquitoes. The disease is rife among children who live near rice farms, noted Chamnan Aphiwatthanason, of Mahidon University.

He said a recent study conducted by the Entomology Faculty shows an increase in cases of tritaeniorhynchus, a brain deficiency disease spread by mosquitoes that hatch in rice farms. There are about 1,500 reported cases each year where about 20-30 per cent of infected children die, he said.

Mr Chamnan said the number of tritaeniorhynchus cases was also increasing on the outskirts of Bangkok because it is surrounded by the rice farms of Ayutthaya, Nakhon Pathom, Pathum Thani, Nonthaburi and Samut Prakan.

The entomologist said culex, a kind of mosquito which carries the disease is usually found in shallow clear water where there is grass or rice growing.

### **Shistosomiasis Outbreak Near Dam Project**

*BK1705022593 Bangkok BANGKOK POST in English  
17 May 93 p 5*

[Text] Ubon Ratchathani—Voicing deep concern over the possibility of a water-borne disease spreading in the Mun River as a result of the Pak Mun dam project, an expert yesterday urged the Electricity Generating Authority of Thailand [EGAT] to adopt preventive measures against the disease. Assoc Prof Wirot Kitikun of Mahidon University's Faculty of Tropical Medicine said EGAT must screen its workers to ensure that they are free of schistosomiasis.

He pointed out that the ethnic Lao workers need medical tests since there is an epidemic of schistosomiasis in the neighbouring country at present.

"Schistosomiasis has broken out in Ko Khong and Champassak District, which is not far from Ubon Ratchathani. The disease is also found in Khemarat and part of Khong Chiam District in this province," Assoc Prof Wirot said.

The doctor said it is true that neotricula aperta snail which is a host of schistosomiasis is abundant in the Mun River.

"Although no case of schistosomiasis has yet been found in the country, it is of great importance that EGAT, in cooperation with other government agencies, should prevent its spreading by cutting the link of the disease and the snail."

"Moreover, we have yet to find out whether the snail will be able to adapt itself to the new environment after the dam is completed. If it can, then we are going to face a big problem."

He said a survey is needed on the snail population and its habitat in the Mun River.

"There must also be a study on the reproduction of neotricula aperta in inundated areas when the dam is completed."

Mahidon University's Tropical Medicine Faculty has been monitoring the snail population at Kaeng Sapu in Phibunmangsan District, Kaeng Kanluem and the area in front of the dam in Khong Chiam District.

"These areas must be kept under close watch," he said.

Assoc Prof Dr Wirot said the university plans to conduct a study on the area designated as resettlement villages for people affected by the dam as there happens to be a creature very similar to neotricula aperta in the whole area.

"If the snail population is found to increase, we have to work out effective measures to control its population," he said.

Meanwhile, villagers at Ban Hua Heao staging a sit-in protest against the EGAT's blasting for some 10 days said they wanted EGAT to arrange for a new village with infrastructure for the affected villagers before the explosions are resumed. The villagers said they will submit their demand to EGAT through Khong Chiam District Chief Seni Chitkasem at a meeting today. They said EGAT will have to provide each family with 10-rai plot of farmland and an additional two rai for residential area.

"It's the villagers who have the right to choose the land, not EGAT," a villager said.

An additional 10 rai of land should be provided to Hua Heao villagers who are considered to suffer worst from the blasting since most are fishermen.

There are reports that EGAT Governor Sombun Maninawa earlier offered to provide half a rai in the back area of Sirinthon Dam for each family to build a residence. Those who don't want the land will be paid 135,000 baht in compensation. Many villagers said they find EGAT's proposal unclear.

"We have to negotiate further. We don't know yet what EGAT will say about our demand," said a villager.

### **Anthrax Found in Lopburi Province**

*93WE0396C Bangkok DAILY NEWS in Thai  
16 Mar 93 p 17*

[Excerpt] [passage omitted] Villagers in Phattana Nikhom District, Lopburi Province, have eaten beef tainted with anthrax, or "kali" as this disease is called,

and had to be taken to the hospital. If people eat beef tainted by this disease, they can develop itchy sores. If they scratch the sores, a yellow pus will drain out and the sores will spread quickly. If the organism enters the bloodstream, the person may die. Public health officials have warned the people not to eat beef and prohibited them from moving cattle out of the district in order to prevent the spread of this disease.

On 15 March, a reporter met with Dr. Suriya Wongtathap, the public health officer in Lopburi Province, in order to ask what progress has been made in controlling the spread of this disease. He was told that this disease has spread very rapidly, because beef tainted by anthrax has been sold in many villages. Most recently, 86 people are suspected of having contracted this disease from eating tainted beef. Blood samples were sent to the Phra Phutthabat Hospital in Saraburi Province for examination. But in 18 of the blood samples, no sign of anthrax was found.

As for control measures, Dr. Suriya said that the Lopburi provincial public health office has ordered public health officials in Phattana Nikhom District, Lopburi Province, and public health and animal husbandry officials in Wang Muang Branch District, Saraburi Province, which borders Phattana Nikhom District, to carry on public relations activities among people suspected of having this disease and ask them to go for a physical examination. Dr. Suriya said that there are several ways in which people can contract anthrax. They can contract the disease through the skin through contact with tainted meat. Itchy papule will develop and secrete a yellow pus. But this is not life threatening. The disease can also infect the lungs, which gives rise to symptoms similar to those of pneumonia. Pulmonary anthrax can be fatal. Intestinal anthrax produces bloody and watery stools. People with these symptoms may die. As for those who contracted the disease from eating contaminated meat and who went to the Phattana Nikhom Hospital for treatment, all of them are now recovering.

Mr. Wichit Thirati, the animal husbandry officer in Lopburi Province, said that after he learned about the outbreak of this disease, he ordered officials to vaccinate the livestock, particularly cattle, in all areas. All of the carcasses of the cattle with this disease have now been destroyed. "I am confident that we have the situation under control. There is no need for people to be worry about contaminated meat, because all of the diseased animals have been destroyed."

## VIETNAM

### Malaria Prevention, Control Measures Taken

#### 1992 Anti-Malaria Efforts Yield 'Better Results'

BK0803065193 Hanoi VNA in English 0550 GMT  
8 Mar 93

[Text] Hanoi VNA March 8—An concluded [as received] by a freshly-closed conference of the Ministry

of Public Health, anti-malaria efforts in 1992 recorded better results than in the previous year.

Four and half million visits of malaria patients were given treatment. The number of malaria outbreaks were reduced to 109 from 147 in 1991. The recorded death was 2,632m, [figure as received] down by 1,814 compared with 1991. Four hundred and nineteen mobile anti-malaria teams were set up and worked at village level.

It was announced at the conference, which was held in the central province of Thanh Hoa that this year, the government has allotted 42 billion dong for, [as received] nine billion dong more than than last year. Besides, the public health service has been provided with another 12 billion dong to buy chemicals and anti-malaria drug for localities much affected by the diseases. The service's target for 1993 is to reduce the number of malaria outbreaks by 50 percent and the mortality rate by 30 percent.

#### 22,936 Contract Malaria in Quang Nam-Danang

BK2804071593 Hanoi Vietnam Television Network  
in Vietnamese 1200 GMT 18 Apr 93

[Text] Quang Nam-Danang is a large province with a population of nearly two million. The province has complex land features. It shares a common border with Laos and consists of coastal, central, and mountain regions which provide housing to different ethnic groups. In 1992, as many as 22,936 people contracted malaria. There were 514 cases of malignant fever. Of these, 84 patients died.

To cope with that situation, the province has set up a malaria prevention and control steering committee headed by the comrade vice chairman of the provincial people's committee. Besides the central government-provided fund, the province has invested 420 million dong to support the malaria prevention and control program.

The provincial public healthcare sector mobilized a large force of public healthcare cadres, including those working in the various hospitals and at village medical clinics, to join hands with military medical units in preventing the spread of malaria in the province.

Consequently, by the end of 1992, the malaria prevention and control program has brought about initial results in the province. As many as 85,925 people have received treatment. Mosquito-killing substances have been sprayed at many villages and mosquito repellent has been applied to 5,980 mosquito nets.

#### Dac Lac Steps Up Measures Against Malaria

BK1805050693

[Editorial Report] Hanoi Voice of Vietnam in Vietnamese at 1100 GMT on 17 May carries a one-minute report on antimalaria activities in Dac Lac province.



The report says: "Assisted by the Red Cross Association, Dac Lac province has delivered 50,000 mosquito nets treaded with insect-control chemicals directly to the people of various ethnic minority groups in nine major

malaria-infested villages of Krong No, Lac Da, and E Sup districts." Measures are also being adopted by the provincial public health service to protect the people against malaria during the rainy season.



## YUGOSLAVIA

**Epidemics Spreading in Belgrade; Shortage of Medicine Noted***LD0505121293 Belgrade TANJUG in English  
1126 GMT 5 May 93*

[Text] Belgrade, May 5 (TANJUG)—Apart from measles and flu, 12 more smaller-scale epidemics have been registered in Belgrade since the beginning of the year, the city health care institute has said.

"Epidemiologic situation in Belgrade is likely to further deteriorate due to the impoverishment of all strata of the society, leading to malnutrition and poor hygiene," said Dr. Ziva Vukovic of the institute.

Last year, 35 epidemics of contagious and parasitic diseases were registered in Belgrade—22 of them out of hospitals and 13 in hospitals. Of the 51,043 people infected with acute contagious diseases, 31,690 had flu.

"The spreading of the epidemics is helped by the shortage of immunization medicines. Due to the shortage of tuberkulin, for instance, only 21 percent of the planned number of children were revaccinated," Dr. Vukovic said.

Epidemiologists say tuberculosis is spreading mostly among refugees from the former Yugoslav republics of Croatia and Bosnia-Herzegovina.

According to the latest census, Belgrade has 1.6 million residents and unofficial reports say there are about 200,000 refugees in the city.

City official Nebojsa Coviv on Monday instructed the competent bodies to enclose with health reports the list of check-ups of U.N. troops stationed in Belgrade. He said that stricter control was important for the prevention of epidemics.

The Federal Republic of Yugoslavia has been under a U.N. embargo for over 11 months, because of its alleged involvement in an ethnic and religious war in Bosnia-Herzegovina. The sanctions were tightened on April 26.

All Belgrade hospitals lack medicines, surgical materials, infusion and dialysis liquids, hygienic supplies, spare parts for medical equipment. In most of the hospitals, treatment is possible only if patients themselves provide medicines.

**Bosnia-Herzegovina: Epidemiological Situation Described as 'Extremely Serious'***LD3004223493 Sarajevo Radio Bosnia-Herzegovina  
Network in Serbo-Croatian 2000 GMT 30 Apr 93*

[Text] The epidemiological situation in Bosnia-Herzegovina is extremely serious. According to reports from the republican health and social security headquarters, 22,866 cases of enterocolitis, 1,896 cases of dysentery, 2,245 cases of viral hepatitis, and 46 cases of typhoid

have been recorded in the areas of Zenica, Tuzla, Bihac, and Sarajevo since April last year. All of these diseases have been registered in the form of an epidemic.

**Bosnia-Herzegovina: Ceasefire 'Holding', Scabies Epidemic in Srebrenica***AU3004114393 Paris AFP in English 1120 GMT  
30 Apr 93*

[Excerpts] Sarajevo, April 30 (AFP)—A ceasefire in central Bosnia-Herzegovina appeared to be holding Friday as rival Roman Catholic Croat forces and troops of the mainly Moslem Bosnian army arranged an exchange of prisoners and bodies. [Passage on ceasefire omitted]

John McMillan, spokesman for the U.N. High Commissioner for Refugees, said scabies in Srebrenica had reached epidemic proportions, with 800 cases discovered.

Scabies medicine was being dropped from planes, he said, but it was proving hard to find on the forested hills around Srebrenica.

A relief convoy left Belgrade Friday for Srebrenica, McMillan said.

Serbs controlling the town's water supply had still not turned it back on, he said, and the shortage was now critical.

From Vitez, Waters said the International Committee of the Red Cross was supervising a swap of prisoners and bodies in central Bosnia.

He said that under the agreement, reached between Halilovic and Petkovic Thursday evening, both civilian and military prisoners—and bodies—would be exchanged.

The Red Cross had not sought military help, he said.

Populations have been fleeing burning villages in central Bosnia, and U.N. personnel have reported multiple rape and point-blank executions of women and children.

**Chicken Pox Epidemic in Macedonia***93WE0359A Skopje NOVA MAKEDONIJA  
in Macedonian 17 Apr 93 pp 1, 5*

[Report by L. Mancevska and B. Burnazovski: "Five Thousand Doses of Vaccine Distributed"]

[Text] An epidemic of chicken pox is spreading in Skopje and Kumanovo.

The number of cases of measles in Skopje has increased by 27 new cases, reaching a total of 149 this month. Forty patients in Kumanovo and as many in Skopje have been hospitalized

The epidemics of chicken pox in the Republic, affecting mainly younger children in Kumanovo and secondary school children in Skopje, are continuing to spread. According to the Republic Health Protection Institute, this month alone there have been 149 cases of measles and, since the day before yesterday, another 27. In Macedonia, from the beginning of the year to yesterday, there were 490 identified cases, of which 282 in Kumanovo, 195 in Skopje, and 30 in other townships, the latter being considered sporadic. According to the experts, it is likely that the number is actually higher, for a great percentage of those affected do not see a physician and treat themselves at home.

For that reason, the Republic Health Protection Institute has suggested to the Ministry of Health that several actions be taken to block the further spread of the epidemic. They also include the answer to the question asked by many parents: Should they vaccinate their children? The Institute's specialists recommend that vaccination be immediately undertaken for children not vaccinated last year, who rejected the first vaccine, or else who were not revaccinated, while the immunization of children who are scheduled for vaccination be continued at its normal pace. To this effect yesterday 3,000 doses of anti-chicken pox vaccine were distributed in Skopje and another 2,000 in Kumanovo.

#### **Intensified Epidemiological Supervision**

Other measures deal with the further intensified supervision of the area through epidemiological studies: determining which children were neither vaccinated nor revaccinated in the past, and even if a single case shows up the teams must immediately take to the field to see if there have been other cases. According to the Republic Institute, on the basis of epidemiological tests, we must determine the need for special immunization of some groups or individual settlements. Special priority must be given and immediately undertake the vaccination of the children of refugees under the age of seven (regardless of whether or not they have been already vaccinated), who live in reception centers, as well as children who have been placed in homes for abandoned or retarded children.

Furthermore, yesterday, in addition to some 40 patients who are already being treated, the Clinic for Infectious Diseases and Febrile Conditions in Skopje accepted nine new cases of measles. However, several patients were discharged. According to the physicians, the clinic accepts more seriously affected people and children who have already been affected by another disease but have now contracted chicken pox. Intensified supervision is applied, and nurses and physicians work an extended working day, while the clinic has provided facilities for taking care of anyone who needs hospitalization. The condition of the patients undergoing treatment has already improved, and the physicians express their special satisfaction for improvements in even the most difficult cases. One of the sick children, who was already

in a state of coma, has already become awake and his overall health condition has improved.

#### **No Closing of Schools**

The epidemic of chicken pox has energized the health workers in Kumanovo, above all the epidemiological service of the medical center. They have been monitoring the development of this disease for the past few months. The first cases of measles were recorded as early as February, affecting essentially small children and children who had not been vaccinated on time. Since then there have been between 60 and 100 cases monthly, so that by yesterday there were a total of 282 cases. Of these, 40 were hospitalized, mainly those suffering from more serious complications.

In an effort to block the further spreading of measles and promptly detecting new cases, over the past 3 months medical teams have visited some 10 primary schools, mainly in the suburban Kumanovo settlements. The state of health of nearly 4,000 students was qualified as belonging to the highest-risk group. They were asked whether they had been in touch with people who had already been sick, and children in whom the initial symptoms were detected were quarantined. Although in the past few days there also have been cases among school children, we were told by officials from the medical center that there are no indications that the disease is spreading, for which reason, for the time being, there is no reason to send the students home.

[Box, p 5]

#### **Take Only the Medicine Prescribed by the Doctor**

The physicians recommend that the parents go to the outpatient clinics or to the specialized mobile clinic for communicable diseases of the Clinic for Infectious Diseases the moment fever, sneezing, coughing, and rashes appear.

The children should drink more liquids and take vitamins and food easier to digest and be kept in a clean, ventilated and moderately warm space. No medicine should be administered without consulting a physician, for overdosing in an effort to lower the fever or alleviate stomach spasms could trigger undesirable problems.

#### **Vaccination Must Continue Regularly**

Since revaccination for measles for children age seven was made mandatory in 1987, children born after 1980 do not belong to the risk groups. Actually, that is the reason for which epidemiologists explain the fact that in Skopje it is mostly children aged 12 to 19 who have contracted measles, and who most likely were not revaccinated, for the revaccination was voluntary. It is equally possible that they were not vaccinated at all.

However, major omissions in vaccination occurred last year. According to data provided by the Republic Health Protection Institute, instead of vaccinating 90 percent of

the children, as stipulated by the World Health Organization, last year the initial vaccine was administered to 52.9 percent and the second to 66.9 percent of the children. That is why the epidemiologists recommend that children who were neither vaccinated nor revaccinated for measles last year either because of lack of vaccine or for any other reason, do so now. This also applies to children who are due to be vaccinated or revaccinated regardless of the epidemic. According to the immunization calendar, the vaccine is administered to children aged from 13 to 18 months and the revaccination at the age of seven.

### **Outbreak of Swine Plague in Macedonia**

93WE0359B Skopje NOVA MAKEDONIJA  
in Macedonian 12 Apr 93 p 3

[Report by N. Makova: "The Swine Plague 'Swept Off' 7,000 Pigs"]

[Text] *At the hog farm in Stip due to the Swine Plague virus that, since the beginning of the year, devastated the Stip farm, on 2 March the Republic Veterinary Inspectorate reported that there was a basic problem. Nothing has come out of the promised compensation, and lack of money is the reason for the shortage of feed as well.*

Stip, April

When in the 1980's, due to adverse economic reasons, there was a mass destruction of hog breeding farms in the Republic, the personnel of the hog farm in Stip were able, with a great deal of care and sacrifice, to preserve their basic herd and rescue from destruction the most advanced Swedish-type technology which involved the comprehensive protection and automatic processing of the livestock, from birth to its shipment to the market. That is why that farm became one of the three biggest producers of pork in Macedonia today. It is in a leading position in terms of the use of its capacities and, until recently, it was able to meet 25 percent of the need for pork on the domestic market.

However, something considered theoretically impossible occurred. In virtually hermetically sealed sanitary-veterinary conditions, and under conditions in which the livestock is vaccinated against the most dangerous disease (as well as against any other diseases), for reasons still not established, the virus of the swine plague penetrated and caused a real devastation. Since the beginning of the year to 2 March, when the basic alert status was issued, 7,000 young pigs aged about 3 months either died or were destroyed.

According to Risto Velkovski, director of the hog farm, it was the Republic Veterinary Inspectorate that announced this basic misfortune. According to the law, under such circumstances the Republic's government

must compensate for the damages. In this case, strictly on the basis of the 7,000 pigs that died, the hog farm suffered a damage of 813 million denars, or 35 percent of its annual revenue.

The resolution for the proclamation of a state of disaster, something which affects only one part of the farm, means that the entire healthy stock (the basic herd, fattened pigs, pregnant sows, and newborn pigs) must be quarantined. Throughout this entire period no case of swine plague has broken out among those animals nor were any symptoms of the disease noticed.

As a result of the tremendous damage and of forbidding the sale of healthy and already fattened pigs, we have reached a situation in which we have no funds to buy feed for the livestock, and the employees have not been paid for the past 3 months. Let us not even mention the freezing of the accounts, Director Velkovski added. Previously we had reached an understanding with the livestock feed factory, but the factory itself can no longer tolerate our situation and, as of 5 April, it stopped feed deliveries entirely, Velkovski said. For the past 10 days the minimal remaining reserves have been used to feed the mother sows exclusively with a view to saving the genetic part of the herd. All other animals have been abandoned and have begun to resort to cannibalism.

What I particularly want to say, Velkovski said, is that we addressed ourselves to the proper ministry and the Macedonian Government with a request for receiving compensation for the damages and the right to sell the healthy animals (based on a positive decision by the Republic Sanitary Inspectorate), as early as 10 March. To this day we have not received even a single denar in compensation or permission to sell the fattened pigs or any other type of answer. All proper Republic authorities are familiar with the case, time is passing, the farm is threatened with overall collapse and no steps whatsoever are being taken.

Simply by allowing us to sell the fattened 1,100 pigs we would earn 300 million denars which would unfreeze our account and we would be able to procure food and pay the salaries of the employees. I cannot understand this attitude, Velkovski said. The Republic is short of pork, the healthy pigs in our farm are dying of hunger, while the minister in the appropriate ministry does not even find it necessary to come here or to answer one of our daily appeals.

The situation in the farm has already become critical. The final reserves of food which we have will suffice for 2 more days. Then the entire herd which was saved from the plague will start dying of hunger. The people at the farm say that there is no solution other than to allow the sale of the fattened pigs or else for the Republic government to start paying compensations.

## REGIONAL AFFAIRS

### Regional Epidemiological Reportage

15-23 April

PA2404033493

[Editorial Report] The following is a compilation of regional health reports monitored by Panama Bureau from 15 to 23 April 1993. Source follows in parentheses after each item.

#### COLOMBIA

An outbreak of measles left two persons dead and 500 persons infected in Valle de San Juan, Tolima Department, where the local health authorities established a sanitary cordon to prevent the spread of the disease. (Santa Fe de Bogota EL TIEMPO in Spanish 15 Apr 93 p 5)

#### COSTA RICA

The medical authorities on 20 April detected a third case of cholera in the country in the last two days in Upala, a town bordering with Nicaragua. These new cases make a total of 15 in the country, of which eight came from abroad. (Panama City ACAN in Spanish 2027 GMT 20 Apr 93)

#### EL SALVADOR

It has been officially reported that 17 patients with cholera symptoms have been detected in Apopa, Nejapa, Ciudad Delgado, Guazapa, and Quetzaltepeque, all in La Libertad Department. Meanwhile, the Health Ministry confirmed that the situation remains under control in all areas of the country. (San Salvador Radio Cadena YSKL in Spanish 1200 GMT 21 Apr 93)

#### GUATEMALA

The health authorities have reported five persons died of cholera in El Quiche Department the week of 18 April, resulting in a total of 13 casualties so far in 1993. A Public Health Ministry spokesman added that 4,584 cases have been confirmed and 277 have died since the epidemic began in June 1991. (Mexico City NOTIMEX in Spanish 2120 GMT 22 Apr 93)

#### MEXICO

According to the Health Secretariat, 119 cases of cholera were registered in Mexico from 10 to 16 April, which brings up to 556 the cases reported so far in 1993. Over 8,000 person have contracted the disease in Mexico and 200 have died since June 1991, when the first case was reported, the authorities added. (Madrid EFE in Spanish 2316 GMT 18 Apr 93)

#### NICARAGUA

On 19 April, the Health Ministry officially announced the start of a measles vaccination program to cope with

the disease, which has killed 17 children so far in 1993. The Ministry added there are 190 cases as of 19 April. (Managua Radio Sandino in Spanish 1830 GMT 19 Apr 93)

Eight new cases of AIDS have been detected in recent months, which increases to 38 the number of persons infected with this disease since the first case was reported in Nicaragua in 1987, it has been officially reported. (Managua Radio Nicaragua Network in Spanish 1100 GMT 22 Apr 93)

The Health Ministry authorities on 23 April reported 15 cases of cholera in the last 24 hours, which means there are 544 cases so far in 1993. The officials added 24 patients have died during that same period of time. (Managua Radio Nicaragua Network in Spanish 1100 GMT 23 Apr 93)

#### PANAMA

The Panamanian Health Ministry has disclosed that up to 31 March 1993, 450 cases of AIDS have been detected, of which 379 are males and 71 are females, and of which 268 have died. (Panama City EL PANAMA AMERICA in Spanish 18 Apr 93 p 5A)

The National Service for the Eradication of Malaria has reported that eight cases of malaria have been detected so far in 1993 in Chiriqui Province. (Panama City LA ESTRELLA DE PANAMA in Spanish 22 Apr 93 p c8)

16 - 22 April

PY2204220093

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored by Paraguay Bureau from 16 to 22 April.

#### ARGENTINA

Buenos Aires TELAM in Spanish reports at 2022 GMT on April 17 five new cholera cases were registered in the last 24 hours in Salta Province. So far this year 1,465 cases have been reported, with 23 deaths.

Buenos Aires NOTICIAS ARGENTINAS in Spanish at 0159 GMT on April 16 reports President Carlos Menem announced the construction of a pavilion for children infected with AIDS. Construction will begin in approximately one month with private and official financing. The pavilion will be built at Pedro de Elizalde hospital, where more than 150 children infected with the virus will be treated.

#### BOLIVIA

La Paz PRESENCIA in Spanish reports on 16 April, Section 2, page 2, 67 new cases of cholera, one of which was fatal, were reported from 4-10 April, mostly in Punata, Valle Alto, the Chapare, the tropical region, and south of Cochabamba. According to the National Epidemiology Directorate, 1,628 people have contracted cholera so far this year; 65 of whom have died.

Santiago Radio Cooperativa Network in Spanish at 2300 GMT on 20 April reports Antofagasta health authorities reported a new AIDS case was found in the Second Region. A total of 43 AIDS cases have been reported in this region since 1987.

Santiago Radio Chilena in Spanish at 1700 GMT on 21 April reports five hepatitis cases were detected among schoolchildren in Rio Claro, Talca Province. Health official Octavio Carrasco said the children are out of danger and the number of cases is normal.

#### BRAZIL

Rio de Janeiro JORNAL DO BRASIL in Portuguese reports on 16 April, page 12, the Health Ministry reported that 9,144 cholera cases have been registered nationwide so far this year, with 141 deaths.

#### PARAGUAY

Asuncion ULTIMA HORA in Spanish reports on 17 April, page 11, the National Anti-AIDS Program on 16 April confirmed that a five-year-old girl is infected with AIDS. This is the first child infected with the disease in Paraguay.

#### 23 - 29 April

PY3004011393

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored by Paraguay Bureau from 23 to 29 April.

#### ARGENTINA

Buenos Aires TELAM reports in Spanish at 1327 GMT on 23 April that the Health Ministry has reported 11 new cholera cases in Salta Province in the past 24 hours. This brings the province's total to 1,225.

Buenos Aires TELAM reports in Spanish at 1744 GMT on 29 April that one cholera case was registered in the township of San Pedro, Jujuy Province. Cholera cases nationwide thus total 2,056, of which 39 have been fatal.

#### BOLIVIA

La Paz PRESENCIA reports in Spanish on 23 April, page 6, that according to the National Epidemiology Directorate 187 cholera cases have been registered between 4 and 10 April. This is much lower than the same week last year, when over 1,000 cases were registered.

#### BRAZIL

Rio de Janeiro O GLOBO reports in Portuguese on 23 April, page 7, that the first cholera case in Sao Paulo State was confirmed on 22 April. Tests revealed the presence of the virus in a man who was admitted at a hospital in the township of Sao Vicente.

#### CHILE

Santiago EL MERCURIO reports in Spanish on 11 April, page 7, that the Health Ministry Regional Secretariat was informed of a state of alert in the townships of Santa Barbara and Quilaco, in Biobio Province, because of the whooping-cough outbreak that is already affected 31 children.

Santiago LA TERCERA DE LA HORA reports in Spanish on 15 April, page 17, that the Public Health Institute has confirmed a total of 24 cholera cases in Chile.

#### PERU

Lima LA REPUBLICA reports in Spanish on 12 April, page 10, that around 200 cholera cases were registered in the past 24 hours in various townships of the Huaraz and Carhuaz Provinces.

#### 27 - 30 April

PA0105191993

[Editorial Report] The following is a compilation of regional health reports monitored by Panama Bureau from 27 to 30 April. Source follows in parentheses after each item.

#### HONDURAS

Public Health General Director Alirio Cruz reported on 30 April there were six new cases of cholera this week. Two cases were reported in Tegucigalpa, three in Puerto Cortes, and one in Villanueva in the country's northern region. Since 1991, 444 have contracted the disease and 19 have died. (Panama City ACAN in Spanish 0005 GMT 30 Apr 93)

#### MEXICO

At least 80 persons caught cholera in a low-income area of Mexico City and 190 in Morelos State, with a toll of four persons dead, according to a report by the Epidemiology Director Roberto Tapia, of the Health and Public Assistance Secretariat. (Paris AFP in Spanish 1637 GMT 27 Apr 93)

The National Council for the Prevention of AIDS indicated 967 cases of AIDS have been reported so far this year. From 18 March to 3 April, 148 (number as received) cases were registered as follows: 58 in Mexico City, 25 in Jalisco State, 19 in Mexico State, nine in Michoacan State, six in Puebla State, five in Morelos, four in Guanajuato, and three in Baja California State. (Mexico City NOTIMEX in Spanish 0940 GMT 27 Apr 93)

#### PANAMA

Dr. Vicente Bayard, epidemiology director of the Health Ministry, has stated 10 persons have been infected with "type B" meningitis, with three having died so far this year. Three cases were reported in Colon City, Alcide Diaz, and Curundu during the past week. (Panama City EL PANAMA AMERICA in Spanish 28 Apr 93)

**PERU**

**Russia Donates 5,000 Doses of Measles Vaccine**

*PY0405225293 Lima EL COMERCIO in Spanish  
27 Apr 93 p A8*

[Excerpts] The Russian Government yesterday donated 5,000 doses of measles vaccine for community service programs in Peru's poorest areas.

Russian Ambassador to Peru Viktor A. Tkachenko presented Brigadier General Fernando Rios Carrillo, chief of the Peruvian Army Health Service, with the vaccines during a ceremony at the Army Headquarters in San Borja yesterday at 1000.

Tkachenko stated that his government wants to continue to support Peru in such programs, thus confirming the ties of friendship, solidarity, and cooperation between both countries.

He added that another important consignment of 10,000 doses of measles vaccines will be donated to the Health Ministry in the near future to support the comprehensive vaccination campaign launched by that ministry nationwide. [passage omitted]

Brig. Gen. Rios Carrillo thanked Tkachenko on behalf of the Peruvian Army and government for the significant aid granted by the Russian Government and for the implementation of community service programs, "the main objective of which is to provide aid to the most needy."

He said that the 5,000 doses of vaccine will be distributed in the areas affected by an outbreak of measles.



## INDIA

**Total 459 People Die of Gastroenteritis in West Bengal***BK3004035293 Delhi All India Radio Network  
in English 0245 GMT 30 Apr 93*

[Text] In West Bengal, 24 more persons died due to gastroenteritis yesterday. With this, the death toll in the current spell of the disease has risen to 459. Giving this information in Calcutta yesterday, the state health minister, Mr. Prasanta Sur, said altogether 34,487 persons have so far been afflicted by this disease. He said the highest number of deaths has been reported from the district of South 24-Parganas and Calcutta.

## IRAN

**Eradicated Diseases Reappearing***93LA0025Y London KEYHAN in Persian 8 Apr 93 p 2*

[Text] The disease called boils, which had not been seen in Iran for decades, has recently become common once again in some areas of the country. The province of Ilam has been attacked by the boil microbe in recent months more than other regions of Iran.

Dr. Mas'ud Borzu'i, in charge of fighting malaria in the Ministry of Health, Treatment and Medical Education, said in this connection: In the province of Ilam, members of several families have all been infected by the boil disease. Dr. Borzu'i blames the spread of boils in Ilam on lack of hygiene, filth in public places, failure to collect garbage in the city, and the existence of stray dogs. Dr. Borzu'i warned that if sufficient treatment steps are not taken as soon as possible to eradicate boils, this microbe will soon spread throughout the country.

In recent years, many of the diseases that had been eradicated with much effort in the past 30 years, such as malaria, ringworm, leprosy, trachoma, and Malta fever, have returned to haunt Iranians once again.

**Measles Outbreak Reported in Bushehr Province***93WE0380A Tehran JAHAN-E ESLAM in Persian  
5 Apr 93 p 5*

[Text] A person in the village of Sena in the township of Dashti in the province of Bushehr lost his life as a result of contracting measles.

Dr. Daftari, responsible official of the Health and Treatment Center of Dashti township while confirming this news also stated: The aforementioned disease spread in the village of Sena about a week ago and so far about 40 individuals have been affected by it.

He went on to add: In order to stem the spread of this disease all the schools in the village of Sena were ordered closed for one week. Furthermore, the staff of the Health and Treatment Center has starting vaccinating all the inhabitants of the said village.

Another report states the prevalence of this disease in the northern rural areas of the province as well.

**Aleppo Boil Incidence Reported in Dehloran***93WE0380B Tehran JAHAN-E ESLAM in Persian  
30 Mar 93 p 5*

[Text] As a result of not observing proper hygienic procedures, the incidence of aleppo boil disease has spread among the inhabitants of Dehloran township in the province of Ilam.

Dr. Masud Barzu'ee, responsible official for the fight against malaria, while making the above statement to the IRNA on Saturday, also stated: Until now 220 individuals who have contracted the disease have been treated in the polyclinic of Dehloran. He went on to say: Recently it was noticed that all the members of some families of the war-afflicted township have become victims of the disease.

Dr. Barzu'ee further added: Despite an increase in the number of victims of aleppo boil, right now we are not properly and fully equipped to deal with this disease; as a result some of the afflicted individuals were sent to Andimeshk and Dezful for treatment.

He went on to add that the reason for the spread of aleppo boil among the inhabitants of Dehloran can be attributed to a lack of observance of proper hygienic principles, lack of timely spraying and disinfecting public restrooms, removal and proper incineration of garbage from the dumpsites around the city, and non-elimination of stray dogs.

In conclusion, Dr. Barzu'ee asked the Health and Treatment authorities to arrange for the dispatch of necessary drugs and medical equipment to the Dehloran polyclinic in order to stem the spread of the disease to other areas of the province.

**Diphtheria, Poliomyelitis Pose Concern in Moscow**  
*LD0805050193*

[Editorial Report] Moscow Mayak Radio Network in Russian at 0200 GMT on 8 May carries an interview with a chief doctor in Moscow, (Nikolay Nikolayevich Filatov), by Mayak correspondent Natalya Dogunov. The doctor explains that his main worry at the moment is prevention of diphtheria. "Over the past 3 years," he says, "occurrences of diphtheria in the city have increased sharply, and we have been unable to halt this trend. The annual increase is 80 percent in Moscow. There were 26 fatalities last year from diphtheria, and during the first quarter of this year alone we have already lost 15 Muscovites who contracted diphtheria and died. As of today, we have 303 people ill, 75 of whom are children. None of those who died from diphtheria had been vaccinated."

Filatov's second concern is poliomyelitis. Fewer children are being vaccinated and the polio virus that causes poliomyelitis is becoming more common. He is also worried about lice infestation, which he links to the influx of "various types of itinerants" into Moscow.

"I am very, very concerned about the situation regarding mercury in the city," Filatov says. "The fact is that there is no strict system of registration or accounting for this substance, and mercury-bearing waste from industry or instruments occasionally turns up at trash dumps."

Public health is a vital requirement for Moscow he concludes, calling for more government assistance.

**1992 Diphtheria Statistics for Moscow**

*93WE0334D Moscow NEZAVISIMAYA GAZETA*  
*in Russian 26 Mar 93 p 2*

[Text] In 1992 there were 940 cases, including 197 children, of diphtheria. There were 23 deaths, including six children. The incidence of diphtheria is rising each year, and last year there was an 80 percent increase. The reason for such high incidence is that there are many people who were not immunized against this disease.

**Statistics on Infectious Diseases in Moscow**

*93WE0334A Moscow NEZAVISIMAYA GAZETA*  
*in Russian 27 Mar 93 p 6*

[Article by RIA [Russian Information Agency]: "Communicable Diseases in Moscow"]

[Text] Last year, 2.6 million cases of communicable and parasitic diseases were recorded in our capital. Of this number, more than 90 percent was referable to influenza and similar disease (and the number of cases of influenza and acute respiratory disease was the lowest for the last 20 years). These data are contained in a report of the sanitary and epidemiological service of this city.

According to estimates of specialists, at the present time there is a danger of outbreaks of diphtheria, polio

epidemics and louse infestation in our capital. Nevertheless, in the opinion of representatives of the sanitary and epidemiological service, the present epidemiological situation in the city related to infraction of street vending rules does not inspire the serious fears that existed a year ago.

**Diphtheria Immunization Mandatory for Certain Occupations**

*93WE0334F Moscow MOSKOVSKAYA PRAVDA*  
*in Russian No 3, 23 Mar 93 p 4*

[Article under the rubric "News From Sanitary and Epidemiological stations": "Diphtheria Is Not Asleep"]

[Text] By order of N. Filatov, chief state physician of Moscow, it is forbidden to employ individuals who have not been immunized against diphtheria in medical institutions, shops, public dining facilities, hair salons, laundries, the militia and social security agencies.

The same order prohibits enrollment in children's institutions of children who have not been immunized without justification.

We asked N. Filatov, chief state physician of Moscow to comment on this document.

"I am often asked whether these bans infringe upon human rights. No, they do not; on the contrary, I am protecting their main right, the right to life.

"The trend toward rise in incidence of diphtheria in the capital is such that if we do not succeed in immunizing the public in the immediate future, it will take five years to return to the pre-immunization level, i.e., to the 1956 level, when up to 20,000 Moscow residents contracted diphtheria and it killed about 1000 per year!

"The public must realize that the pathogen of diphtheria has not disappeared somewhere since that time, and no one in the world has yet learned to destroy it. You might ask why it did not present a danger in recent decades. Only because most of the public was immunized. As the years passed, immunity disappeared among adults, and parents ceased to have their children immunized.

"There is only one salvation from diphtheria—collective immunity. For this reason, each of us must be immunized. Inoculations are given using disposable syringes at any rayon polyclinic.

"As for the sanitary-epidemiological ban of some occupations for individuals who refuse immunization, we are not the first to impose it, such sanctions have been used for a long time in the West."



**Ukraine: 'Red Alert' Reported Over Increase in Diphtheria**

LD2204105993 Moscow ITAR-TASS World Service  
in Russian 0817 GMT 22 Apr 93

[By ITAR-TASS correspondent Galina Nekrasova]

[Text] Lvov, 22 Apr—A rise in the incidence of diphtheria in Ukraine has caused a stir in neighboring Poland. The sanitary epidemiological services in bordering provinces have been put on red alert, and doctors are on permanent duty at checkpoints. A number of major exhibitions with Polish participation in Lvov, Kiev, and other Ukraine towns have been cancelled.

Anatoliy Patchenko, a duty doctor at the Ukrainian Health Ministry, explained to an ITAR-TASS correspondent that it is true that 521 cases of diphtheria have been registered in the state this spring. But, according to medical terminology, the doctor said, "this is not called an epidemic, but a rise in the incidence of disease." He complained that the lack of the exchange of information between the health ministries of the neighboring states gives rise to absurd and harmful rumours.

"A rise in the incidence of infectious diseases should have been expected," Agneta Mostyuk, doctor of medical science at the Lvov Medical Institute, said commenting on these facts. "This is the result of an unjustified sensation in the 1970-80's regarding the diphtheria vaccine. Parents refused to inoculate their children using any excuse. As a result, the younger generation has poor immunity against a number of diseases."

**1979 Sverdlovsk Anthrax Incident Examined**

934K0987A Moscow LITERATURNAYA GAZETA  
in Russian No 15, 14 Apr 93 p 13

[Article by LITERATURNAYA GAZETA staff correspondent Natalya Zenova: "Oxygen Deprivation"]

[Text] Yekaterinburg—A bacteriological weapon discharge in Sverdlovsk; the catastrophe in Chernobyl. And now an explosion at Tomsk-7 a week ago. Are we going to "classify" this again? Let us remember the lessons of the past....

It is finally done. Medical scientists from Russia and the United States have handed down a joint verdict: The cause of the outbreak of so-called anthrax in 1979 in Sverdlovsk was not "contaminated meat" at all—the death was airborne. As early as 3 years ago, this assumption was the basis of our newspaper investigation. And since it is inarguable that LITERATURNAYA GAZETA was the first to raise the subject, I, as the author of these first articles, seemingly ought to feel a legitimate satisfaction. I do not feel that way, however.... More on this later, though.

**A Phantom Named David**

"American intelligence under all kinds of 'covers' had visited Sverdlovsk at the time. They stepped out of the trains, talked to people. They visited Kurgan and Shadrinsk—the cities located close to Sverdlovsk Oblast. But as a rule, the spies talked to those who, in the opinion of the KGB, were the right people to talk to for the perpetration of the official version."

From an interview between a former counterintelligence general, A. Mironyuk, and an IZVESTIYA correspondent.

**Fate Brought Me Together With One Such "Spy"**

After LITERATURNAYA GAZETA had published the first part of the investigation, I was in Moscow in the fall of 1990. One day, the door of my room at the editorial offices was flung open, and my colleague Yuriy Shchek-ochikhin brought in a stranger, who said immediately: "I was the person who called you then in VECHERNIY SVERDLOVSK!"

Goodness, what a panic had he caused among us, the journalists at the local evening newspaper! He got through to a vacuum-sealed Sverdlovsk with a question—the horror of horrors!—about anthrax, of all things. At the time, David Satter represented in Moscow not one but two influential Western newspapers and was very active, which, of course, caused a lot of consternation for our Chekists.... He had learned of the Sverdlovsk incident by accident—from a Moscow acquaintance of his who in turn had learned it from an acquaintance in Sverdlovsk: There had been an explosion at the bacteriological plant, after which an epidemic had started, many people had died, and the newspapers had carried reports of anthrax. "When I was leaving the home of this Muscovite," David told me, "he asked: You are not being followed, are you? What I have told you probably is regarded as treason...."

Of course, it was a sensational piece of information. But how to verify it? David could not even dream of getting to Sverdlovsk. Therefore, he decided to call the local newspaper: "It seems so simple these days, but at the time this was an extraordinary step for a foreign journalist.... I was aware that if I asked right away: Can you tell if there was an explosion at a military plant—I would be told: Of course not. So I tried to be little smarter. I said: I want a clarification of these reports.... And asked: Why was it needed? After which there was a pause, and then they hung up."

This is how D. Satter's article came about, which was later reprinted by various publications in the West. From it, the world public learned what we had been hiding from our own people for all the subsequent years.

The article brought immediate denials in the Soviet press. David comments on it this way: "Without naming me, they said that some CIA agent had read the Sverdlovsk newspapers—meaning that I am a CIA agent? And

that altogether this was a fabrication of the American and Chinese special services—meaning that I am also a Chinese agent?!” Loud denials only poured oil onto the fire, and necessitated new information, and thus actions. In the end, at the price of considerable efforts, he and his colleagues were able to push through a permission to visit....Shadrinsk. The purpose: if they cannot get to Sverdlovsk, to get at least onto the Trans-Siberian Railroad—perhaps something could be learned from fellow travelers, or something at the train stop.

A man who happened to be traveling in their compartment was from Kurgan; he—what a coincidence!—had a sister in Sverdlovsk. “We asked about the events, and he said that it had been contaminated meat. In Sverdlovsk I came out to the platform and met his sister. Then in Shadrinsk a local journalist said that his relatives in Sverdlovsk had suffered the consequences of eating contaminated meat. And I started developing doubts and thought: Who knows, perhaps this is indeed the case. But then on the last day in Shadrinsk we came to a polyclinic of the largest plant (I forgot the name—I think they made spare parts) and got into a conversation with a woman doctor. I asked: You probably know about the epidemic in Sverdlovsk? She was absolutely surprised: What epidemic? It is impossible! And that journalist—he was with us—began to protest: No, it was an epidemic, and everybody knows it. She stopped him very firmly: I am a doctor responsible for the life and health of thousands of people, and I repeat—it is impossible. If there were an epidemic, we definitely would have received notification from the Ministry of Health.... And I could see that it was logical....”

David wrote another article, where he related both versions, but made it clear that he himself shared the opinion of the doctor. “I suspected even then, and now I am absolutely convinced that both that fellow traveler in the compartment, and his sister, and the journalist in Shadrinsk were proxies.” He also believes that this “trip” cost him his accreditation....

Well, it looks like our organs are not so squeamish about the “old” secret these days. Both that same A. Mironyuk and the former chief of the Sverdlovsk KGB, Yu. Kornilov, as well as their higher-ranking bosses—some by hints, some by semi-acknowledgement, and some openly—make it clear that the journalists are on the right track. And actually, why should they cover up for someone else’s sins—they have enough of their own. Professional pride is another matter, and it is now being prominently displayed: “The spies talked as a rule to those who, in the opinion of the KGB, were the right people to talk to.”

But here, reflexively, memory brings back a sarcastic remark that Yeltsin made at one of his meetings with Sverdlovsk voters during his election campaign, when he said more or less this: For as many years as I worked here, the Chekists were out there catching spies. Never caught any, though.

The KGB probably has a different evaluation scale, to make their work look more productive. This is understandable: After all, in our country every person who was trying to get to the truth was considered a spy. If that is so, then the desire to help and even unwittingly abetting it is not that far from “treason....”

### The Mysterious Island

“The speech of Mukhtar Shakhanov, president of the Aral-Asia-Kazakhstan International Committee, at the seventh session of the republic’s parliament had the effect of a bomb blast. Referring to foreign sources, he informed the deputies that for the fifth decade now bacteriological weapons, horrible in their consequences, are being tested on Vozrozhdeniye Island in the Aral Sea.”

Information of the ASIA-PRESS agency.

This “bomb” could have gone off much earlier, had it been possible to make public what a former doctor’s assistant—now a surgeon—S. Burmistenko told me at the time. This conversation with him remains, I would think, a unique testimony even now:

“I have spent all the years of my military service at Vozrozhdeniye. We had groups of visitors, for instance, from Sverdlovsk, or from Kirov, or from Zagorsk. Each consisted of research scientists, first and foremost chemists, biologists, and veterinarians. Because the main work was conducted on animals—it is another matter that sometimes people got in the way.”

[Zenova] What do you mean—people?!

[Burmistenko] I was amazed even in those years by, you know, negligence. Negligence in everything. I still remember these protection suits, patched and repatched, that the soldiers wore at work.... I was not related to their work directly—my place was the infirmary, the laboratory. But I did have friends in different units.

Once a medical major from a Kirov expedition got sick and ended up in my hospital. He gave me a monograph and told me to read out all about infections; he could not do it himself, not while he was running a 40-degree fever. And I realized that they were working with tularemia, anthrax, and—this really killed me—glanders. That is, completely disregarding the secrecy, he “gave out” all of the infections with which he could have been in contact.

[Zenova] Did he survive?

[Burmistenko] Yes; I have not seen any deaths. Protective measures were indeed being undertaken—I do not want to say that everything was bad: The wind direction and other conditions were taken into account....

[Zenova] How was it done—in what sequence?

[Burmistenko] Depending on meteorological conditions, an order would come: To the field! Assemble, and—day or night—the field and chemical units go. The task: to set up cages with animals—from white mice and rats to

sheep, donkeys, and horses. The explosives experts blow up, well, let us call it a certain charge. Then after a while the same soldiers go into the field and collect the animals. If approximately 70 percent of animals were found dead, it was considered a good result.

[Zenova] You were, of course, vaccinated?

[Burmistenko] That is to put it mildly! We lost count. First we vaccinated ourselves—an injection under a shoulder blade, and then the rest of the personnel.

[Zenova] Do you know what kind of vaccines they were?

[Burmistenko] All ampoules came without identification. We only knew the dosage. That was all!

On the eve of the arrival of a new group, we were told that vaccinations would be done by a new method—aerosol—because this expedition was working with several infections simultaneously. They started vaccinating us after breakfast, and by 1700 hours the entire isolation ward was full. People were arriving running fevers of 39 to 40 degrees. I held up for 2 days, and on the third went into delirium; my colleagues told me the rest: "You were lying in the fetal position, wet, sticky, and you had a 40.2-degree fever." With such a temperature, hallucinations probably begin, because I could see myself from the outside: I am lying in a fetal position and cannot shift, cannot even put one leg on top of the other—everything is burning, and I have a terribly large head.... It was frightening and disgusting; I can still remember that sensation. And that was just a vaccination! Most interestingly, however, our political officer later quoted this example in his political briefings as proof of how serious was the weapon we were working on.... Actually, he was right: If a vaccination produced such an effect, just how powerful was the weapon itself?

Is it not too late to recall all of this today—after all, in April of last year an edict of the president of Russia was issued which banned work on biological weapons (thereby admitting, by the way, that such was being conducted?). Not, it is not too late! As is known, our edicts are far from always complied with. It is unlikely that this one is an exception, and there is already proof of this, both in our and the foreign press. Why go too far for examples? The same chief of the notorious center at the 19th military base in Yekaterinburg, Major General A. Kharechko, who to this day denies that his "firm" had anything to do with the 1979 tragedy, admits in a local newspaper—already after the presidential decree: "...the center personnel continue to work in accordance with the plan of scientific research work approved at the higher level in the Ministry of Defense; therefore, we can only speak of a partial reorientation of the collective's efforts...."

It is quite well known, on the other hand, how difficult it is—even with the participation of international experts—to monitor the results of such "efforts" (they

may be contained in one single test tube); how thin is the line between what is produced for "defense" and what—for "attack."

So it cannot be precluded that the president will have to continue personally to push against the wall those who attempt to misinform him. Remember how he confessed in a conversation with Mark Zakharov: It was not easy, he said, but I caught them red-handed—found two test sites where they sow the rows with anthrax, let the animals in there, and watch....

### The Traces of What Had 'Never Been'

**"Dear Faina Afanasyevna, sincerely—you are one of the most outstanding pathologists, doctors, and persons I have been fortunate to know in my life. My own experience does not come close to your achievements...."**

From a letter from Professor D. Walker (Galveston, United States) to Candidate of Medical Science F. Abramova (Yekaterinburg)

....Two very narrow cots; cheap oleographs above them; knitting dropped in the corner; young plants on the window sill; and a mistress to match all this—a sweet, smiling, very homey, gray-haired woman. A complete contrast with the subject of a, so to say, not at all homey conversation. Which strikes me again, as it did 3 years ago, in this same room, when she clearly said into my dictaphone: "Yes, the infection was airborne." Despite the fact that as early as in the spring of 1979, the former chief of the oblast health care administration had warned her: No talk, or instead of an award you will get....and he made a gesture with his fingers indicating prison bars.

Faina Afanasyevna Abramova knew a lot, because she had conducted—or had been present at—the autopsies of all the casualties: Hospital No. 40, where she worked as a consultant, had been "designated" for anthrax.

She was, by the way, the first one to diagnose it, having noticed a completely unique hemorrhage of the brain, the so-called "cardinal's skullcap," by which she considerably surprised the high commission consisting of the First Persons of the national health care system who arrived later. These First Persons, of course, quickly figured everything out, which did not keep them from subsequently becoming active conduits of carefully thought-through disinformation, which was aimed primarily at consumption abroad in order to "reassure" the world community. Which did succeed, but not completely. And only for the time being....

Faina Afanasyevna and Lev Grinberg, her disciple and junior colleague, still have the slides made during those autopsies (I mentioned them in one of my published articles, and then they were mentioned by THE WALL STREET JOURNAL). Since the "original sources"—case histories, protocols of autopsies, and so on—had been removed and destroyed ("Everything was cleaned up thoroughly," maintains the former chief of the Sverdlovsk KGB), the news of the slides was a sensation. An

impressive delegation arrived in Sverdlovsk (since, thank goodness, the city is finally open) from the United States: two epidemiologists, a pathologist (that same Walker), and a WHO veterinarian with special expertise in anthrax—all very prominent authorities. Here, upon arrival, in addition to the long-awaited slides, there was a surprise waiting for them....

It turned out that F. Abramova also has preserved the micropreparations—very thin slices of the affected organs. Slides one can only look at; with micropreparations, one can WORK! Which is what the mixed Russian-American team immediately got busy with.

This winter some of these invaluable for science “bits of glass” crossed the ocean together with L. Grinberg, who went to the United States on a business trip: We do not yet have the technology or the equipment that they have there.... That is why the final verdict—that the anthrax had been airborne—came from America.

But Faina Afanasyevna had saved something else.

The pathology department of the Hospital No. 40, where she consults to this day, has a museum. Its exhibits are rather special, of course—jars where affected organs are preserved, each bearing a label with the diagnosis.

“And here,” Faina Afanasyevna pointed at an identical jar but without a label, “is that particular ‘cardinal’s skullcap.’ And over here,” she took me to another jar, “are lungs.”

I was the second person to whom this secret had been revealed. The first was Professor Walker. Upon being shown the exhibit, he immediately pulled out his camera and began snapping pictures, one after another....

I think that I understand how the professor felt then.

The surprises were not limited to the museum, however. When, during that horrible spring of 1979, they were so tired they could barely move, when what was required of them was silence and lies, she and her assistants, orderlies Mariya Dadayan and Aleksandr Shtepo, took pains not only to preserve for history the macropreparations that do not have an analogy in the world. They found the time and energy (and this is a painstaking process) also to process and preserve duplicates—unique material for future researchers.

The principle was the same—to hide them where no one would look for them, as in a classic detective plot. And so the “duplicates” stood for 14 years in an old closet, in front of everybody’s eyes, under the protection of a flimsy padlock and an inscription on the door that read: “solutions.” When this closet was opened for Walker, at first he was so shaken he could not speak, and then he immediately demanded gloves and instruments....

She refused to go to America, though: “What for? I have already done everything I could.”

In the letters that LITERATURNAYA GAZETA has received over the course of the investigation, readers demanded severe retribution for those responsible. But the dead (by my information, it is more than the official count of 64) cannot be brought back.... I, in any case, do not thirst for blood, do not call for retribution.

I am thinking about something else. If each of the officials brought into the orbit of this drama did on his part—if not everything they could, then at least his duty....

And something else: Why is the military silent? Are all of them cowards? Careerists clinging to their jobs? Incapable of repentance? No, of course not! But what is it, then, that makes them grind their teeth and stay silent? I think I know; I am even certain: They consider it their DUTY. The highest duty to the State, to the Motherland. And against the background of such stoical, courageous—to the last!—such heroic silence, all our preoccupation with searching for the truth unwittingly begins to smack of treason. It is not accidental that one of the responses—anonymous, though—directly accused journalists of this.

And this is the way it will be, until we remove the taboo from our military; until we finally pass the law on state secrets. Until we proclaim once and for all that all information that represents a danger to the life and health of the people cannot be treated as state and military secrets. Because these fundamental human rights are inviolable, and an encroachment on them is criminal.

Only then will everything fall into place.

....We have lived too long in an atmosphere of legitimized lies to now painlessly breathe the clean air of truth. It is difficult—I know it from my own experience. And that is why I do not feel yet that “deep satisfaction....”

#### **Pest Control Problems Increase Risk of Leptospirosis**

93WE0334B Moscow NEZAVISIMAYA GAZETA  
in Russian 27 Mar 93 p 6

[Article: “Rodents on the Attack”]

[Text] Last year, in the Lvov region, 10 people died of leptospirosis, the source of which were rodents—rats and mice. Physicians at the Oblast Communicable Disease Hospital maintain that the number of victims may grow considerably this year, since there is virtually no control of Muridae due to the lack of agents to do so.



## FRANCE

## Recent Rise in Tuberculosis Cases Noted

93WE0273C Paris LE FIGARO in French 27-28 Feb 93  
p 12

[Article by Doctor Martine Perez: "An Alarming X-Ray of Tuberculosis in France"]

[Text] Medicine: An upsurge throughout the world which has not spared continental France.

*The disease was becoming more rare, decreasing by approximately 4 percent every year for the past 15 or 20 years. A turnaround in the situation has been observed since 1989. The people afflicted are frequently foreigners, living in precarious conditions or infected with the AIDS virus.*

Alarmist information has been disseminated for the past several months with regard to tuberculosis, the upsurge in the number of patients, the appearance of several strains resistant to all medicines. Tuberculosis has once again become a real public-health problem on the other side of the Atlantic, under the combined effect of AIDS and the deplorable socio-economic conditions of certain population groups. It has reached such a point that the CDC (the center for epidemiological monitoring in the USA) has just recommended the use of antibiotics for tuberculosis, never before prescribed in that country, as well as BCG [Calmette-Geurin Bacillus] vaccination of hospital personnel (which up to now was not mandatory). In other European countries, in Denmark, Italy, and Switzerland, an increase of approximately 30 percent in the number of cases in 4 years has been reported.

## Regional Disparities

What do we have here in France? Should one be afraid of tuberculosis? To take stock of the situation in continental France and to deliver precise information to the medical profession, the National Committee Against Respiratory Diseases and Tuberculosis has just organized a national video conference. It appears, in the end, that even though the situation seems less dramatic here than among the Americans, it is necessary to keep a very careful eye on how this develops. "In France for the past 15 to 20 years, every year a 4 percent decrease in the incidence was noted, i.e., in the number of new cases of tuberculosis," explained Professor Claude Molina (president of the national committee) in his introduction. However, for the past 3 years, the figures are no longer going down, and in certain regions, this incidence is rising."

Epidemiological studies are very useful tools for following the quantitative evolution of diseases and for sounding alarm bells. Yet, it is still necessary that the registration of the number of cases be correct, which is far from the case for tuberculosis. The reports, albeit obligatory, are poorly made, incomplete, and not comprehensive. Despite all that, the weekly Epidemiological

BULLETIN EPIDEMIOLOGIQUE from the Ministry of Public Health recently devoted 10 pages to this disease. "An analysis of the tuberculosis cases reported in France in 1991 shows a reduction in national rate to 15 per 100,000, while it was at 16 in previous years. However, substantial regional disparities exist," stated Doctor Elisabeth Bouvet (epidemiologist at Bichat Hospital, Paris). In particular, the incidence has clearly been rising in the Parisian region, going from 33 in 1987 to 37 per 100,000 in 1991."

In all, 8,510 cases were registered in 1991 in continental France and 136 in French overseas departments. The prevalence of infection with the AIDS virus is 16 percent in tuberculosis patients for whom a serological test was requested. The age bracket most affected is 15-39 years old. The breakdown according to gender shows that 64 percent of the cases concern men and 36 percent women. The patients are of French citizenship in 62 percent of the cases. The disease strikes only the lungs in 77 percent of the reported cases.

In offering a narrower but more precise view, Professor Rochemaure (lung specialist, General Hospital, Paris) has produced a kind of "photograph" of tuberculosis as it has cropped up in his practice in 1992. "We had to hospitalize 55 patients stricken with tuberculosis, 48 of whom with pulmonary localization," he noted. "Forty-eight percent of these patients were foreigners, and half of them were originally from the Maghreb. It is striking to note that one-third were transients and that 80 percent of them lived in rather precarious conditions." Four of the hospitalized patients were health-care workers (one hospital employee, one nurse's aide, one nurse, and one doctor).

What symptoms did they suffer? Fever (60 percent), deterioration in their general state of health (80 percent), night sweats (33 percent), cough (56 percent), and expectorating bloody sputum (15 percent). Four were infected with the AIDS virus. "Only three or four cases of tuberculosis were detected as a result of screening done for purposes of occupational medicine. Will it perhaps be necessary to apply it particularly to those population groups at risk?" asked Professor Rochemaure. "One case was discovered during a decompensation of diabetes and one during a pre-operative interview. The systematic standard procedure before every operation was probably abandoned a little too quickly."

Certain diseases are particularly associated with tuberculosis in this work. Above all, alcoholism is present in 40 percent of the cases, an immunosuppression not linked with AIDS in 19 percent of the cases, an HIV infection in 8 percent of the cases. The evolution was favorable after treatment 32 times out of 48; five deaths were sadly reported; and 11 patients were lost sight of after their release from the hospital.

"Several comments can be made," concluded Professor Rochemaure. "Ten years earlier, this service received each year more than 150 tuberculosis patients per

annum. We have made measurable progress. Moreover, the percentage of cases observed in patients who are transients or living in extremely unstable conditions is worth emphasizing. In short, screening for tuberculosis should clearly be aimed at the reception centers for immigrants or those living on the margins."

#### Also Among Children

As regards tuberculosis in children, the picture drawn by Professor Jean Paupe from Necker Hospital is much more alarming. "Before 1982, we noted each year one or two cases. From 1982 to 1984, seven to ten cases. From 1985 to 1991, 11 to 27 cases. In 1992, 41 cases," he declared. "Infantile tuberculosis is, therefore, not stationary." In almost 60 percent of the cases, it concerns children of immigrants. Searching for the infectious agents almost always winds up bringing to light the cause as close and prolonged contact with a contagious patient—parents or grandparents where the families were not aware of the disease.

None was a carrier of the AIDS virus, and three out of four had been vaccinated with BCG. If there is controversy in whether BCG is of interest in preventing pulmonary symptoms, we know that it protects against tubercular meningitis, no case of which has been reported here. "We have all the effective means to fight against the insidious progression of tuberculosis in children. Yet, it is still necessary to use them correctly," concluded Professor Paupe.

### IRELAND

#### Alert on Coccidiosis Outbreak in Sheep

93WE0342 Dublin IRISH INDEPENDENT in English  
9 Mar 93 p 7

[Text] Sheep farmers were alerted yesterday about a disease which is widespread in flocks throughout the country and which can kill lambs if not diagnosed on time.

The Department of Agriculture warned that coccidiosis should be treated immediately, or lambs will die or fail to thrive. Symptoms include diarrhoea and straining and farmers with lambs aged from 3 weeks up should be particularly vigilant.

### SWEDEN

#### Legionnaires' Bacteria in Water System

93WE0388A Stockholm DAGENS NYHETER  
in Swedish 17 Apr 93 p 5

[Article by Kerstin Hellbom: "Bacteria in Water Pipes"]

[Text] Bacteria which cause the so-called Legionnaires' disease commonly occur in Swedish water pipes. Of the water supply systems of 13 cities studied, only two were completely free of the Legionella bacteria.

"The risks from the Legionella problem have been underestimated in Sweden," says Thor Axel Stenstrom, a microbiologist with the National Bacteriological Laboratory [SBL], which has now for the first time charted the occurrence of the bacterium in Swedish water pipes.

Legionella is a relatively newly discovered bacterium. It was identified in 1976 after 200 elderly U.S. war veterans, Legionnaires, fell ill with pneumonia at a hotel in Philadelphia in the United States. Thirty of them died. Studies showed that they had been infected by a bacterium which was likely to have spread through the hotel's ventilation system.

Since then several countries have had outbreaks of Legionnaires' disease. Sweden has had three major outbreaks, Vasteras in 1979, Malmo in 1981, and Varnamo in 1990/91. The contagion takes place when breathing water in the form of aerosol, water vapor, which contains bacteria. The vapor can come from ventilation systems and whirlpools, for example, and above all from water pipes. The contagion cannot be spread from person to person or by drinking the water.

#### Pontiac Fever

The bacterium causes either a serious type of pneumonia, the Legionnaires' disease, or a milder influenza-like illness, so-called Pontiac fever. The illnesses affect primarily older people or people with reduced immune protection. They are treated with antibiotics.

"Each year about 40 cases of Legionnaires' disease are recorded in Sweden, but the number is likely to be at least 10 times higher. A few deaths are recorded each year, a figure that is probably also underestimated," Thor Axel Stenstrom says.

The bacterium thrives in water temperatures between 20 and 45 degrees [Celsius] and, according to the Housing Board's rules on energy savings, hot water is supposed to stay at precisely 45 degrees. The Housing Board is now in the process of reviewing the regulations and has therefore ordered and helped finance the study.

#### One-Fourth Infected

Nine hundred forty samples were taken at various locations in the water pipe system of 14 cities—Stockholm, Goteborg, Falun, Gavle, Halmstad, Malmo, Ostersund, Sundsvall, Norrkoping, Jonkoping, Umea, Karlstad, Linkoping, and Nykoping. It turned out that one out of four samples from the hot water pipes contained bacteria. In cold water, 4 percent of the samples were positive. The water pipes of only two cities were completely free of bacteria, but the researchers do not want to reveal which ones.

The bacterium was not found at the water works or in the common water main system, but it thrived in the pipes of larger properties such as hospitals, hotels, and large administrative buildings. The bacterium flourished and multiplied if the temperature in the hot water heater was

low, if the unit was large, and if the temperature in the pipes was low. Standing, lukewarm water should thus be avoided. Linköping's system of radiators coupled to the general hot water supply also turned out to provide the highest bacterial counts.

Certain rubber and PVC [polyvinyl chloride] materials in gaskets and shower hoses also promote growth. Studies are under way for future recommendations.

#### **SJ Has Renovated**

In the study SBL only took samples from water pipes, not from ventilation systems and whirlpools, which can also spread the bacterium. Two years ago an alarm was given regarding *Legionella* on trains.

"Today, showering on a train is risk-free. SJ [National Railways] has completed a very serious renovation program. On the other hand, there is every reason to look at the water systems on the big [ferry] boats," says Thor Axel Stenstrom.

### **UNITED KINGDOM**

#### **Census Office Gives Statistics on Diseases**

93WE0400A London *THE DAILY TELEGRAPH*  
in English 21 Apr 93 p 7

[Article by David Fletcher, Health Services Correspondent: "Rise in TB 'Linked to AIDS Spread'"]

[Text] Cases of tuberculosis, believed until recently to have been largely beaten, have increased by up to a fifth in some cases, the Office of Population, Censuses and Surveys said in a report yesterday.

There were 5,436 cases in England and Wales in 1991, up four percent over the previous year. But the number in North West Thames Health Authority, covering an area from central London into Hertfordshire and Bedfordshire, rose from 645 to 772, up 20 percent.

The rise is similar to one in urban areas of America where it is associated with drug abuse, Aids and social deprivation. The authority has the largest number of Aids cases in Britain, suggesting an increase in TB is associated with the spread of Aids. Also, the greatest number of its TB cases was among men aged 25 to 34.

The report said dysentery is also on the increase with 9,935 cases in 1991, the highest number for 20 years.

Measles, mumps and German measles are all falling as a result of vaccination programmes with measles now at

its lowest level since 1940. Cases of measles fell from 13,302 in 1990 to 9,680 the following year. Mumps was down from 4,277 to 2,924 and rubella fell from 11,491 to 7,174.

#### **Flu-Like Illness Approaching Epidemic Level**

93WE0336A London *THE DAILY TELEGRAPH*  
in English 20 Mar 93 p 4

[Text] Reported cases of flu-like illness have risen from 88.4 per 100,000 people in the week to last Sunday against 57.4 in the week to March 7, approaching epidemic levels, the Royal College of General Practitioners said yesterday.

#### **Black Market Cows Bring Anthrax Into UK**

93WE0362A London *THE DAILY TELEGRAPH*  
in English 13 Apr 93 p 8

[Article by David Brown, agriculture correspondent: "Black Market Cows Start Health Scare"]

[Text] Government vets are trying to track black market cattle in Britain which may be carrying foot and mouth disease in a scandal which has exposed weaknesses in EC animal health controls.

Blood tests on 107 young cows from the Czech and Slovak Republics have shown they are a disease risk.

About 100 more out of a total of 450 suspect cattle have still not been traced and tested by the Ministry of Agriculture which has described the episode as "a very serious breakdown in procedures." The others have been cleared.

The National Farmers' Union called last night for tougher import controls to protect British cattle breeders.

Ministry veterinary scientists worked over Easter to speed up health checks on the imported cattle.

A decision will be taken within a fortnight on whether to destroy all the animals or send them back to their home countries. In the meantime movement restrictions have been imposed.

Thousands more imported cattle may have to be traced throughout the EC. No one knows how many, because many have travelled with false paperwork.

The suspect cattle are believed to have been imported to Britain to meet a shortage of young, quality cows on dairy farms.



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